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Ill-Health and Animal Food.

I give up, under all states of ill-health, the use of strong animal foods, especially beef, and I also give up these in all who, though in their usual health, are of a decidedly nervous temperament, or of the rheumatic or gouty diathesis. To all, even the healthiest, I advise their use to a very limited extent, from their tendency to bring on acute rheumatism or gout, and if taken even by the healthiest too freely and too long, causing, through deposits in the internal organs, diseases which only indicate their presence after cure has become impossible. For the young, I recommend little or no animal food till they reach the term of puberty—in this following the rule laid down by the writer of the Epistle to the Hebrews, that "strong meat belongeth to them of full age." There are few rules that have no exceptions, and, although beef may seem my *bête noir*, I have used it even with children, and with great benefit. In some protracted cases of diarrhea in children a year or two old, slightly warmed, and pounded very fine, it often acts splendidly. The child usually takes it at once, and greedily, and will live on it for some weeks, when the desire ceases; but the child is now cured, and can take other food. Beef slightly cooked, and in moderate quantity, is sometimes very grateful to a convalescent from acute disease, and for a time may be indulged in with safety and even benefit.—GEORGE S. KEITH, in *The Medical Times*.

Treatment of Obesity.

Debove, in *Le Semaine Médicale*, says that obesity is essentially a nervous disease. He believes that the nutrition of the body and the maintenance of it at a given weight are regulated by a nervous mechanism, in the same way that the heat of the body is controlled. It is essentially a condition of altered metamorphosis closely allied to gout, diabetes, chlorosis, myxedema, and arrests of development. The argument advanced in support of the nervous control of the body weight is based upon the fact that habitually more food is taken than is needed to maintain the nutrition of the tissues and in the ordinary oxidation for

the production of energy. The remaining food is oxidized and gotten rid of under the regulating influences of the nervous system.

The application of these principles to the treatment of obesity consists first in the reduction of the foods to a point at which the excess of adipose is removed for purposes of oxidation; after this is attained he substitutes a voluntary regulation of the diet for the imperfect regulation of the nervous system. Upon the following diet a patient lost one hundred pounds in a period of five months: for breakfast, a cup of tea or milk; for luncheon, one or two slices of meat, a few vegetables, and a little salad, with four or five ounces of bread; for supper, a glass of hot milk, with two or three ounces of bread, fruit if desired. Exercise he regards of little value in the treatment of obesity, as it increases the appetite and thus more than compensates for the increased oxidation. Mineral waters are objectionable, because of their tendency to interfere with digestion. Thyroids should be used only in those cases in which obesity is dependent upon myxedema.

Mustard in Pneumonia.

In the *Post-Grad.*, Dr. L. Weber highly recommends the use of the mustard bath in the treatment of pneumonia, especially in children. He uses about one pound of mustard to one child's bath-tub of water. The child should remain in the bath ten minutes or until the skin becomes pinkish instead of blue. Friction must be carried on while the patient is in the bath. He should then be removed from the bath and wrapped in blankets. These should be repeated every second or third day.

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Dr. G. W. Mitchell, Neutral, Kan., says: I have fairly tested the merits of Bromidia. I have been in active practice for twenty-eight years, and my success with Bromidia surpasses any other preparation in cases of cardiac pain and distress, and in the restlessness and sleeplessness associated with heart disease. I know of no preparation that can equal it for its beneficial effects.

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Enema After Abdominal Operations.

At the Boston City Hospital following abdominal sections it is seldom that cathartics of any kind are employed by the mouth. During the first twenty-four hours, no attention to the unloading of the bowels is usually given. Then, no voluntary action having taken place, an enema, high into the rectum, is given, consisting of the following:

R. Epsom Salts (50° sol.)	2 ounces.
Turpentine	2 ounces.
Glycerin	2 ounces.
Water	6 ounces.

The injection is held in the bowel as long as possible by the patient.

It is well to anoint the inner thighs and buttocks in order to prevent irritation of the parts should they come in contact with the turpentine by mischance.—*Clinical Record.*

Referred Knee Pain.

The pain in the knee from hip disease is familiar to all. According to Freiberg (*Cleveland Medical Journal*), pronated and flat-foot is also a frequent cause of pains in the knee.

An Improvement in Eye Surgery.

Dr. H. W. Wootton has recently called attention to a method of treating squint, as advocated by Landolt, which is the opposite of the method commonly employed. Instead of cutting the contractor muscle, Landolt's method consisted in advancing the opposite muscle. By this method, the power of the eye is increased. The power of convergence is increased instead of being diminished, and the danger of undesirable results is, to a large extent, eliminated.—*Modern Medicine.*

Mental Depression.

Dr. R. C. Hanchett, Syracuse, N. Y., reports the case of a lady, aged thirty-two, suffering from mental depression, nervous prostration and exhaustion, claimed she had been treated by the most prominent physicians in this city, without benefit. Tried the usual remedies in such cases, and had nearly given up in despair when he decided to prescribe Celerina. From this he received a most excellent result.

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Pilocarpin in Eye Disorders.

Hansell finds the effect of pilocarpin is of value in certain cases of inflammation of different structures of the eye. His method is as follows: A convenient hour is chosen, usually three P. M., and the patient is put in a hot bath ranging from 106° to 110° F.; during the bath he drinks a cup of tea. After twenty minutes immersion he is put into bed and receives a hypodermic injection of one-twelfth to one-eighth of a grain of pilocarpin muriate. The sweating begins in a few minutes and is encouraged by hot bottles and blankets for two hours or more. If it should become slight or insignificant during the two hours, a glass of ice water is given, when the glands take on renewed activity. After the sweating, the wet blankets are removed, clean bed clothing substituted and the patient is allowed to remain quietly in bed until the next morning, when he may get up and dress until time for the next bath. If exhaustion follows the bath, a hypodermic injection of strychnin is given one-half hour before the next bath. The diet should be largely fluid and whatever local eye treatment is called for, is, of course, administered and is not interfered with by the sweats. He refers to a number of cases in his practice and suggests that his own experience and that of some others who have tried it, has been so favorable that he feels he can recommend it in all chronic deep-seated inflammations of the eye that are not amenable to the usual remedies.—*Jour. A. M. A.*

Hyperacidity of the Stomach.

Howes (*Boston Med. and Surg. Jour.*) aims to reduce the acidity of the stomach by the administration of proteid food substances which combine with large quantities of acid, and by alkalis which neutralize the acid present. The patient is given a diet containing as high a proportion of proteid foods as comfortable for the individual. Six meals a day should be ordered, the constituents of each being prescribed. Starches should be limited and carbohydrate foods, sugars or predigested starches, dextrinized flours, used as much as possible, since starch digestion in the stomach is impeded in these cases. For the distress or eructations, some pro-

teld, as a raw egg, is to be taken. Sodium bicarbonate in half teaspoonful doses, or fifteen grains of magnesia hydrate, may be taken in addition to food, or in place of it, for the relief of symptoms. Careful attention should be given to baths, exercise, the bowels, and the general manner of living. Nux vomica should be given if debility exists. Anemia is to be overcome by the administration of iron. Marked improvement occurs from this treatment in the majority of cases; less than ten per cent of the author's cases being unrelieved. In these obstinate cases lavage proved a useful adjunct to treatment. Silver nitrate was also used in some of these cases with success.

Obstruction of the Bowel.

H. M. Shallenberger states that in his experience, embracing a large number of cases at ages ranging from four to sixty-five years, extending over a period of more than fifteen years, the obstructed bowel has, in every instance, been relieved within forty-eight hours following an initial dose of bismuth. He notes several cases in which cathartics or enemata had been used either singly or conjointly, this treatment, in some instances, extending over nearly a week, but within two days following the administration of the bismuth, there was a movement or disintegration of the fecal mass. In all conditions of impaction, the muscle fibres about the obstruction undergo a contraction or spasm. The effect of the bismuth is sedative on the terminal nerves. The writer believes that the bismuth allays the irritation of the bowel, relaxes the spasm, and thus removes resistance to the passage of the obstructed feces. He orders in his cases the continued use of a saline water, and from the first at least thirty grains of subnitrate of bismuth at short intervals and continuously until there is an impression made on the fecal tumor.—*Therapeutic Monthly.*

Clinical Experience.

Dr. J. Ogden White, Los Angeles, Cal., has never been disappointed in the use of Peacock's Bromides. He pronounces it of superior excellence in many particulars to commercial preparations.

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A Successful Intestinal Antiseptic and Antiphlogistic

Ichthiol and Formaldehyde are chemically combined in this powder to form an ideal remedy for typhoid and tuberculous diarrheas.

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A Simple Rule for Estimating the Amount of Solids in the Urine.

Says Dr. L. Duncan Bulkley, in the *Journal of Cutaneous and Genito-Urinary Diseases*, "Multiply the last two figures of the specific gravity of the urine by the number of ounces voided in twenty-four hours, and add ten per cent to the product. Thus, if the amount passed in twenty-four hours was thirty-six ounces, and the specific gravity 1021, it would be $36 \times 21 = 756 + 10 \text{ per cent} = 831$, the number of grains of solids in the whole amount. By comparing this with the table it can readily be ascertained if the amount is above or below the normal standard for the body weight of any patient." He says that the method is Haines' modification of Hassler's.

The Obstetric Binder.

Jewett believes a firm binder is frequently of material service in the second stage of slow labor, especially in relaxed condition of the abdominal wall, by furnishing a *point d'appui* for the intra-abdominal pressure.—*Detroit Med. Jour.*

Ulceration of the Gums in Miasmatic Fevers.

Dr. Manuel Ignacio Polo (*Revista Dental Americana*), during the war in Cuba, noted the prevalence of small ulcerations of the gums attacking, if not checked, the throat, cheeks and soft palate as sequelæ of malarial disease. The ordinary disinfectants and astringents giving no good results, he applied a solution of crystallized chromic acid in distilled water, equal parts, diluted before use with two parts of water. Cocaine was applied first. The application was made every two days, the following mouth-wash being used in the intervals:

B	Boric Acid	15 grains.
	Listerine	450 grains.
	Honey	300 grains.
	Decoction of Cinchona Bark.....	4,500 grains.

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The average time of cure was four days.
—*N. Y. Med. Jour.*

Arousing Secretions.

Dr. W. Alfred Jones, Malvern, Ark., says: Chionia proves to be the remedy *par excellence* in arousing the secretions, and as an hepatic remedy.

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IF your patient suffers from eructations of gas from the stomach, flatulency, heartburn, or colic, give him a fluid drachm of SENG, repeated every half hour until relieved; THEN give one or more fluid drachms before each meal until THE CAUSE is removed.

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IN THE TREATMENT OF
CONSUMPTION, COUGHS, COLDS, ASTHMA, BRONCHITIS, INFLUENZA,
 and for all other affections of the throat and lungs, **TERRALINE**
 has proved to be of high value.

TERRALINE is a product of purified petroleum; it is tasteless and odorless, and can be taken readily, without any ill after effects, by the weakest stomach.

It is easily assimilated, sedative, antispasmodic and antiphlogistic. It stimulates the processes of nutrition, increases the appetite, improves the digestion and assists the system in throwing off foreign matter.

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Physicians wishing to give **TERRALINE** a test can secure a full-sized (\$1.00) bottle by sending us 25 cents to pay for packing and expressage.

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Sweat Baths.

Friedlander has experimented on himself and others with various forms of sweat baths, and baths that increase bodily temperature, such as the Russian steam bath, and gives the indications for either variety as follows: He prefers temperature-increasing baths. 1. In combating infectious and toxic conditions. In acute and subacute diseases due to exposure, catarrh of the upper respiratory passages, fresh rheumatic affections of the muscles and joints, and also in other infections, the onset of which is not characterized by high fever and in which individual conditions render an increase of the fever permissible and desirable for the course of the pathological process. Furthermore, in syphilis, and in a general gonorrheal infection. 2. When an intense increase of metabolism is indicated from other causes, such as auto-intoxication, and in conditions affecting metabolism, like gout. On the other hand, he favors sweat baths: 1. When a cure by means of free diaphoresis is contemplated; in exudations and transudations, in nephritis with edema, in hydremlia and chlorosis, in metallic poisoning, and in obesity as an adjunct to other methods of treatment. 2. When chronic inflammatory processes are to be influenced by peripheral hyperemia. In chronic and especially rheumatic affections of the muscles, joints and nerves, in the residual conditions of acute articular rheumatism, in chronic muscular rheumatism and arthritis deformans, in neuritis and in tubercular arthritic affections.—*Jour. A. M. A.*

Seborrhea.

The methods hitherto employed for the removal of the crusts of seborrhea sicca have been either alkalies, by which the crust is more or less saponified, or, more usually, oils of one sort or another whereby they are liquefied. Neither of these methods is very satisfactory. As the crust is composed chiefly of fat, it was thought that a solvent might act better, and benzene suggested itself. The first patient it was tried on was a young man, aged twenty-five. He was getting very bald, and had a thick crust of seborrhea sicca. It was applied with a shaving

brush, and the whole thing disappeared in about two minutes. The benzene leaves the hair and scalp very dry, and inunctions must follow. For this, bay rum and castor oil, of each, one and one-half ounces, tr. canth., two drachms aq. Coloniæ, one-half ounce, may be used every morning, and the benzene be repeated about once in five days. For mild cases of the seborrhea-oleosa type, the benzene may be combined with an equal quantity of rectified spirits. No hairs are broken off in the removal of the crust. A considerable number of cases have been successfully treated in this way.—R. W. LEFTWICH, in *Brit. Med. Jour.*

Carcinomatous Stricture of the Colon.

W. J. Walsham, F. R. C. S., England, states that the common form of carcinoma of the colon, viz.: the columnar-celled, is of comparative benignity, and may remain for considerable time a purely local disease limited to the wall of the bowel, and therefore that its early diagnosis is of great importance. The symptoms which should arouse suspicion of carcinomatous stricture in the early stage are: (1) Indefinite symptoms of abdominal disturbance; (2) attacks of pain or spasm referred to the colon, having no special connection with the time of taking food; (3) nearly always liquid stools with rarely a formed motion; (4) slowly progressive loss of weight; and (5), constant desire to defecate. If the growth has been discovered, either by palpation, or exploratory incision, before obstruction has taken place, it may be removed at once, and the ends of the bowel united. In cases of acute obstruction, the author advises, first, the formation of an artificial anus, and then, when the patient has recovered from the immediate effects of the intestinal obstruction, he says that the growth may more safely be removed. Several successful cases treated in this manner are reported.

Better Than the Ordinary.

Dr. S. M. Graves, Ozono, Ark., prescribes Peacock's Bromides with best results. Believes it acts better than the ordinary bromides.

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(*R. Ungt. Resinol* 5 i or iij.)

Resinol stops itching instantaneously.

It is the most effective application known for Eczema.

It is the best dressing for Burns and Scalds.

It is a prompt local antiphlogistic in any form of Dermatitis.

It is a specific for Pruritus Ani or Pruritus Vulvæ.

It is absolutely harmless, non-irritating and non-poisonous.

RESINOL SOAP

Is the best medicated soap for general toilet use.

It not only cleanses but also nourishes the skin.

It obviates the tendency to pimples and other eruptions.

It keeps the scalp clean and free of Dandruff.

It is the best cure for feter of feet or offensive perspiration, or any morbid exudation known.

I have been prescribing Unguentum Resinol from time to time, and now find it to fill a long felt want and would be at a loss to find something to take its place. In acute and chronic ulcers, old sores, etc., and in all inflammations where a topical agent is indicated I prefer Resinol.

JOHN TACKETT, M. D., Richland, Miss.

I have used Resinol and always with great satisfaction. It is by far the most reliable ointment I know of in all affections of the skin, attended with itching and irritation and in chronic ulcers it is my sheet anchor.

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I have used Resinol very extensively for several years, and will continue to use it as long as it remains as it now is, the best ointment for all purposes for which it is recommended.

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I have used Resinol Ointment extensively, and invariably get good results wherever used. I find it will do all that it is recommended to do, and even more. In fact, there are so many opportunities constantly occurring where it can be used to advantage that I feel uneasy if I do not have a jar of it in my office. I am also much pleased with Resinol Soap.

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Unguentum Resinol is unquestionably first among the best 'up-to-date' preparations in diseases of the skin. It almost instantly allays pain, and stops itching and irritation. Its effects are exactly as represented.

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I have practiced medicine more than fifty years and have never found any remedy equal to Resinol to relieve pruritus and heal eruptions. I constantly prescribe both, Ointment and Soap.

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Pariser distinguishes five forms of nervous diarrhea, due to (1) central nervous influences; (2) toxic causes, as from *tenia*; nicotine, morphina; (3) reflexes from the pelvic organs, stomach, nose, or skin; (4) neurasthenia; (5) combined catarrh and neurosis. The differential diagnosis is easy when the primary cause is pronounced, especially when the symptoms point to neurasthenia, while one of the most valuable signs is presented in persistence of the diarrhea after adoption of a simple, non-irritating dietary. The great abdominal nervous plexuses are often hyperesthetic; mucus is absent from the stools, save sometimes in the fifth group; other objective signs are lacking. The treatment resolves itself into finding first, the cause, then removing it.—*Edinburgh Med. Journal*.

Grip Heart.

Dr. Thomas S. Roach, Rehoboth, Ala., reports great success with Cactina Pillets in heart weakness and functional derangement following the grip.

Passage of Catheter.

It is an invariable rule that, in cases of stricture, whether urethral or due to prostatic trouble, if a catheter has been passed with much difficulty, the bladder should be washed through it and the catheter left in situ for twenty-four hours. This will always permit the introduction of a larger instrument later on.—*Internat. Jour. Surgery*.

The Best Opiate.

Dr. J. Z. Scott, Billings, Mo., has carefully noted the effects of Papine in dysmenorrhea, intercostal neuralgia, peritonitis and in pleuro-pneumonia, and in every case where there was an urgent call for an anodyne it has acted like a charm. Papine has taken the place of opium with him. It acts promptly, its effects are prolonged, while it possesses none of the unpleasant after-effects of opium—and, further, it will not affect the most delicate stomach. It is a safe remedy to give to children. Has been a practitioner of medicine for thirty-four years, and has never found a safer anodyne than Papine.

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In Writing to Advertisers, Mention Medical Brief

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The mercurial salts are often decidedly diuretic in their action by virtue of this general action upon the hepatic and assimilative function, which is followed by a better secretory and excretory action of all the glands of the body, and notably of the renal organs. In case the mercurial passes over into the general circulation, it is highly probable that some of the mercurial is eliminated through the protoplasmic elements of the renal cells, but its diuretic action is more often as above described.

In summing up, it may be said that the principal actions of the mercurials are:

1. Stimulant to the hepatic cells.
2. Cholagogue in action by virtue of exciting hyper-secretion of the bile acids.
3. Sedative due to the two previous actions.
4. That its alterative, antiphlogistic, antisyphilitic, diuretic actions, etc., are secondary to the above actions.
5. That ptyalism from mercury is due to the inactivity of the hepatic cells, and to the salivary glands attempting to do what should have been done by the hepatic cells.—*Post-Graduate*.

Treatment of Drunkards.

Dr. John Wetherill, in the *Alkaloidal Clinic*, contends that drunkards are made, not born. They learn to drink, as people learn to walk, by practice. If you take the histories of drunkards carefully, this will become very clear. The author of the article states that he has taken the histories of 632 drunkards. He has had fourteen years' experience in treating drunkards, during which time he has cured over three thousand.

The patient is given two to twenty minims three times a day, of

R Atropia $\frac{1}{4}$ grain.
Strych. Nitrate 1 grain.
Aque Dest. 1 ounce.
Cochineal to give a pink color.

He is given three times a day the following in five to fifteen minim doses:

R Strych. Nitrate 1 grain.
Aque Dest. 1 ounce.

Both mixtures are given hypodermically.

He is given every two hours, while awake, a teaspoonful of the following:

R Ext. Golden Seal 3 drachms.
Ammon. Chloride 30 grains.
Aque Dest. 2 drachms.

For the first six days he is given two heaping tablespoonfuls of Horlick's malted milk in half a glass of hot water, well salted. This should be taken every two hours. The patient may eat anything he wishes.

The patient may carry his own whisky with him, and use it, but must not frequent places where it is sold. He should only drink what is necessary to keep him up.

If he does not stop drinking by the fourth day, he is given hypodermically apomorphia one-tenth grain in fifteen minims of the atropia solution.

This is to create the impression that he can not drink any more. The whole secret of success is psychic. The patient must be induced to quit thinking about drink. If he begins thinking of drink, his desire for it will return. His whole mind must be educated to think something else than drink.

The Cleansing of Floors.

Owen recommends a finish on hospital floors of wax, linseed oil, turpentine, floor finish and benzine in the following proportion:

Wax, five pounds; linseed oil and turpentine, two gallons each; floor finish (permanere), one gallon, and benzine, ten gallons.

This is applied once a week and laid on with a piece of cotton, brushed and polished with a cotton mop. He believes that too much floor scrubbing is responsible for some of the sickening odors which are due to decomposition taking place, both in and on the floors. The danger of fire from the use of this material is very slight if only a small quantity is kept on hand to use at a time.

Whooping-Cough.

R Tinct. Belladonna 10 minims.
Ammonii Bromidi $\frac{1}{2}$ drachm.
Listerine 1 ounce.
Aqua Pura 6 ounces.

M.

Let the child inhale the spray deeply and slowly. Keep the atmosphere of the room moist and aseptic by frequent spraying with the solution.

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(William H. Burt, M. D.—Physiological Materia Medica.)

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Dose.—*Internally: One teaspoonful three or more times a day (as indicated), either full strength or diluted, as necessary for varied conditions.*

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RHEUMATISM.

DIETETIC NOTE.—A fruit and vegetable diet is most favorable for patients with chronic rheumatic troubles.

Allowed.—Beef and mutton in moderation, with horse-radish as a relish; fish and eggs, green vegetables and fruit, especially lemons. The skimmed milk diet has been advocated by some authors.

Avoid.—Starchy and saccharine food; all malt liquors, wines and coffee.

In Writing to Advertisers, Mention Medical Brief.

Clipping from American Medicine

Aug. 31st 1901

P. 349

...were no unpleasant sequels, except
headache, etc.]

White, in his article on the physiologic action of petroleum, gives the following summary: It is (1) inhibitory to the growth of putrefactive and pathogenic bacteria, such as are met in the alimentary canal, while it does not inhibit or interfere with peptic or pancreatic digestion; (2) and therefore is an agent for relieving flatulence by preventing fermentation; in fact it acts the part of an internal antiseptic; (3) by its action in stimulating peristalsis, increasing diffusibility of intestinal contents, it not only increases nutrition and weight, but helps the natural movement of the bowels, by its lubricating power relieves constipation, and favors the elimination of noxious and toxic products from the system. As to its weight increasing action he states that the weight gained under its influence is much greater in proportion than it or any other oil could afford, even if digested and absorbed, and that petroleum is perfectly incombustible chemically, and indigestible, but the result of the experiments in this direction at once shows that though this be the case, yet when the emulsion is mixed with digested food material, the effect is very different. [H.H.C.]

5.—Robinson, in his article on the treatment of gonitis, suggests the following:

1. U
2. U
3. U
4. A
5. V
6. T
7. P
8. B
- 9.

*Angier's Petroleum Emulsion
with Hypophosphites
was used by Prof. White in
making these research Experiments
Angier Chemical Co.
Boston Mass.*

Surgical Hints.

In bullet wounds of the head the bullet itself is commonly too small to give symptoms of compression. If the latter exist they point to pressure by hemorrhage or fractured bones, and an operation is indicated.

In plastic operations in which a flap is to be removed, we must always bear in mind the fact that these flaps will contract, and that for this reason they must be cut at least one-sixth larger than the space to be covered.

When removing large grafts with a razor, for skin grafting, allow a stream of saline solution to run over the razor while cutting. This will help it to cut better, and lifts up the grafts, preventing them from adhering to the razor, and facilitates their removal.

After blows upon the head, when a period of consciousness follows the first symptoms of concussion, and is later again replaced by a state of unconsciousness, there is evidence that cerebral compression is taking place, pointing to the necessity of surgical intervention.—*Internat. Jour. Surgery.*

Blisters.

There have been many protests against Huchard's sweeping denunciation of blisters. Matthieu asserts that in hydrarthrosis a cantharides blister is invaluable; and he likewise employs for the relief of gastralgia, on a space the size of a five-franc piece. Adrain thinks if the substance be applied in the form of chloroform solution, with a little squill, no bad results will follow, such as may be attributed to the use of plasters that leave some of the irritant on the skin. All agree, however, that the blister is worse than useless in broncho-pneumonia, kidney and cardiac troubles, and for children and elderly persons.—*Medical Bulletin.*

Chlorine Solution.

In making chlorine solution put in the potassium chlorate, fill the bottle with water, then with a glass tube introduce the acid at the bottom of the bottle, and as the fumes arise the water will be saturated.—*DR. J. H. JOHNSON, in Alkaloidal Clinic.*

Ocular Headaches.

Dr. W. A. Brailley (British Med. Jour.), discussing ocular headaches, says muscular errors, especially the accommodative movements, are by far the most important; other influences are glare and sudden changes in the amount of light. Defects in accommodative movements are responsible for most of the ocular headaches. Errors of the extrinsic muscles produce headache, but less so than do the accommodative muscles, though more migraine, more dizziness, and more general distress. It is a general law that the greater the amount of ocular error, the less tending to headache. Both spasm and headache are produced more by moderate amounts of errors of refraction, especially if it be astigmatism, and most of all if it be astigmatism with a symmetry of the axes.

Acute Articular Rheumatism.

Dr. Hector Sarafidis (Nursing Record) concludes that massage with petroleum is the best treatment for acute articular rheumatism, for the following reasons: (1) The treatment demands very little expense, the oil being very cheap. (2) The treatment can be used as well in the country, far from a pharmacy, as in the city. During the treatment the patient is not surfeited with drugs, as the petroleum is sufficient to cure the rheumatism. (4) The treatment by petroleum can be used by everybody, for it can never cause any trouble. (5) Its application lowers the temperature. (6) Petroleum can be used on those suffering from Bright's disease. It is well known that in the course of an interstitial nephritis it is not possible to administer salicylate of sodium; the same observation must be applied to pregnant women.

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Dr. T. R. Dice, Utica, Mo., uses Aletris Cordial in cases of dysmenorrhea, irritable ovary, uterine congestion, leucorrhea and endometritis with the best of results. In a case of irritable ovary that had resisted all treatment for four years, prescribed Aletris Cordial, and after taking for four days, the pain was entirely relieved.

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—B. KERR, M. D., American Journal Indigenous Materia Medica.

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Rules for Rectal Alimentation.

The following rules are given in Thomas' "Sick-Room Dietary:" Cleanse the rectum, one hour before the nutritive enema, by flushing with two or three pints of warm soapsuds. Inject high (twelve to eighteen inches) to the sigmoid flexure, using the soft-rubber rectal tube for adults and the soft velvet-eyed No. 12 or No. 14 catheter for children. Use sweet oil or vaseline as a lubricant, but not glycerine. Expel all air from the tube. Inject slowly two to six ounces of the prepared food warmed to body temperature. Do not inject oftener than once in six hours, except in emergencies. Aid retention of food by placing patient on the left side, the hips elevated by a pillow, a soft compress retained against the anus for twenty to thirty minutes. For rectal irritability give five to twenty drops of tincture of opium with the nutrient enema, or the same amount of tincture, or one-half to one grain of extract of opium one-half an hour before the enema. This dosage must not be repeated. Apply two per cent cocaine solution to painful hemorrhoids.—*Sanitary Era*.

Treatment of Hammer Toe.

Karewski (*Therapie der Gegenwart*) treats this condition by exposing the contracted flexor tendon through a longitudinal plantar incision, opening the joint and cutting the tendon. The phalanges are then forced out through the wound by hyperextension, and with bone cutting forceps the articulating surfaces are trimmed until they are in contact without making any tension on the soft parts. Recurrence of the deformity has never been observed during the ten years in which the author has used this treatment.

The Gastric Secretions.

Frank H. Murdock (*Medical News*) calls attention to the relationship between nervous dyspepsia and chronic rheumatism and rheumatoid arthritis. He claims to have cured several cases of these joint affections by diet suited to the existing state of the gastric secretions.

Medicated Baths.

The proper proportions of various ingredients to each bathtubful of thirty gallons of water, according to Jackson, are as follows: Bran, two to six pounds; potato starch, one pound; gelatin, one to three pounds; linseed, one pound; marsh-mallow, four pounds; size, two to four pounds; sodium bicarbonate, two to ten ounces; potassium carbonate, two to six ounces; borax, three ounces; nitric or muriatic acid, one ounce. A mercurial bath should have added to it three drachms of mercuric chloride and one drachm of hydrochloric acid in a pint of water. Startin's compound sulphur bath contains two ounces of sulphur and one ounce sodium hyposulphite previously mixed with water.—*Denver Med. Jour.*

Treatment of Infantile Eczema.

In the squamous or the milder grades of papular or vesicular eczema of children, L. Leistikow (*Monatshft. f. prak. Dermatolog.*), recommends the use of a zinc-oxide paste containing one to two per cent of yellow oxide of mercury. In eczema rubrum or crustosum nothing seems to act so well as a plaster mull with zinc oxide and ichthyol. It is only in the most obstinate cases that this treatment fails, when resort must be had to pyrogallie acid, which never disappoints. It is best applied incorporated in casein ointment, and, if not used stronger than two per cent, no ill effects will ensue.—*Medical News*.

Hemoptysis.

Waugh has dropped all the old hemostatics for atropine, which not only draws the blood to the periphery, but sedates the pneumogastric and checks the cough. It is well accompanied with a few doses (gr. 1-250) of glonoin every ten minutes to relax arterial tension and attract the blood to the head.

Unequaled as a Uterine Tonic.

Dr. C. C. Richardson, Baltimore, Md., is using Aletris Cordial all the time, and says he can not get along without it. Has never found anything to equal it as a uterine tonic.

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The Sun
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LOUISVILLE, Ky., June 1.—What is considered a remarkable case of spontaneous combustion is brought to light by Dr. J. H. Woody, who for several years has been dean of the Kentucky School of Medicine and for twenty years a professor of chemistry of that college. The report of the case comes to Dr. Woody in a letter from Dr. H. C. Wilson, a reputable physician of Sledge, Ky. In part the letter says:

"A child about a year old was burned on the extremities and abdomen by its dress catching on fire. The burns in each locality, being of moderate severity and entirely superficial, were not supposed to have caused a fatal result. The burns were dressed in the following manner: First dressed with sublimate of bismuth, then dressed with cotton batting and a sheet pinned around it snugly, and lastly a quilt was wrapped around this."

"The child was put to bed and instructions were given not to remove the dressing. The child complained bitterly all night long, the parents thinking that the suffering was due to the original burn. About daylight they saw smoke arising from the bed, but being very ignorant people thought it was the fire leaving the burn, and did not remove the dressing until later, when the child was dying. Upon removing the dressing they found the most aspect of the sheet was scorched, the cotton batting was burned almost entirely up (over the abdomen and still smouldering). The child was burned into the intestines in three places and died in a few moments. There was not the least evidence or the remotest possibility of the second fire originating from the outside, and there was absolutely nothing used but the bismuth and linseed oil."

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"Ah," quoth an Edinburgh gentleman to a manufacturer of artificial limbs, as he was being shown over the latter's busy factory the other day, "these pieces of timber"—pointing to a lot of wooden legs—"are but so many eloquent protests against the horrors of war." "Exactly," answered the manufacturer, "stump speeches."

The Treatment of Leg Ulcers.

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Recent literature has contained frequent mention of yohimbine, or johimbine, as it is also written, as a safe and efficient remedy for sexual impotence, but in all probability no such remedy exists. It is without surprise, therefore, that we note Krawkoff's recorded experience in its use (*Klinisch-therapeutische Wochenschrift*, 1901, Nos. 22-25; *Centralblatt für innere Medizin*, July 27th). He tried it on six men (physicians). One of them was in perfect health, and the five others had sexual debility connected with neurasthenia. In not one of them was any aphrodisiac effect produced, but almost all of them showed signs of poisoning. Krawkoff concludes that in cases in which it has been reported to have cured impotence the result has really been due to suggestion, and he adds that its use is not free from danger.—*N. Y. Med. Jour.*

Treatment of Cancer by Quinine.

Jaboulay reports two additional cases of cancer treated by quinine. Both patients improved under the administration of one grain of quinine daily. One of them had cancerous ulceration of the axillary lymph-nodes. This was dressed by an ointment of quinine. The unbearable odor disappeared, it became an ordinary wound, and the swelling diminished. It is advantageous to suspend the quinine two days in the week, and give Fowler's solution. By quinine, the pain is soothed, neoplasia is diminished, and it is antiseptic to the ulcerations.—*St. Louis Medical Review.*

The Treatment of Leg Ulcers.

Walbaum (in *Med. Rec.*) describes a dressing with which he states a cure is effected within three weeks. After thoroughly cleansing the skin, wet dressings of aluminum acetate are applied until the secretion has been somewhat checked and has lost its odor, which usually takes place in two or three days. A compress wet with spirits of camphor is then applied and covered with rubber protective, which in turn is surrounded with absorbent cotton and a bandage. The dressings should be renewed every second day.

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Many times scalp and hair diseases are caused by depraved conditions of nutrition, lack of exercise, gastric and intestinal derangements. Sometimes in men the excessive use of tobacco (smoking) is a prolific cause. These, of course, should be looked to and remedied.

The continual irritation of the scalp by harsh brushes and combs is to be discouraged, and the toilet made only once daily, using a blunt-toothed comb or a soft brush. Some cases seem to progress best by dry brushing; others by bathing the scalp in clear, cold water, and massage with the finger tips; once a week having a good, thorough shampoo, by a barber who understands it. The rose shampoo found in nearly all shops is excellent, and should be used with cold water. This brings all the scales and dirt to the surface, and facilitates their removal. The head should be fanned for at least half or three-quarters of an hour, until quite dry—not left damp.

When there is a deficiency of the natural oil on the hair, leaving it with a harsh feel and a loss of its natural glossy appearance, a little coconut oil, perfumed with oil of rose, may be applied once or twice weekly, and will be found to surpass almost anything in the way of oils and tonics.

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VOL XXIX.

ST. LOUIS, MO., NOVEMBER, 1901.

No. 11.

[Written for the MEDICAL BRIEF.]

Some Observations on Gout and Goutiness.

BY DAVID WALSH, M. D., EDIN.,
Honorary Physician Western Skin Hospital,
London, W.
London, England.

In dealing with diseases of the skin a thorough knowledge of such general disorders as rheumatism and uremia is essential. Even where a rash is not symptomatic it is in many cases modified by some underlying constitutional condition. The close connection between certain forms of eczema and the gouty state is impressed upon the dermatologist at an early stage of his career. It is only by slow degrees, however, that he learns to recognize at all clearly the part played by abarticular or irregular gout in various skin troubles. The important bearing of such knowledge upon prognosis and treatment is too obvious to need more than passing allusion.

Unfortunately, although the list of modern remedies for gout is well nigh

endless, the medical man will often find himself baffled in approaching the disease from a curative standpoint. Further, on turning to the modern views of the causation and pathology of gout he will be faced with a host of conflicting theories. In short, he will be furnished with a striking example of that most curious fact about modern medicine, namely, our profound ignorance of many every-day maladies. As to gout, it is clear enough that a great deal remains to be learned about even that common and strongly marked complaint, notwithstanding the close attention it has received at the hands of physicians since the earliest dawn of medicine. The bedside aspects of gout, it is true, have long been faithfully portrayed. For instance, they have been so ably described by Sydenham at the end of the seventeenth century that little or nothing has been left for later workers to add to his graphic description.

With regard to what may be called the inner secrets of gout, on the other hand, considerable advances have been made since the time of the above mentioned illustrious observer. The chemistry of

gout has attracted profound attention from many generations of medical men, but it was not until towards the end of the eighteenth century that Forbes* and others first attributed the disease to the presence of uric acid in the blood. The actual demonstration of that substance in the blood, however, was not made until many years afterwards by Garrod. With the latter step precise knowledge seems to have halted more or less completely, for the time being. Theories abound on all sides, but facts are still few. For instance, it is still a matter of dispute in what part of the body uric acid is manufactured, whether in the liver, in the kidneys, or in other organs or tissues. The great central fact of the presence of uric acid in the blood of gouty patients is indeed universally admitted, but from that point a great diversity of theory prevails. That the situation thus disclosed is not altogether hopeless, we may, perhaps, gather from the analogy between gout and acute rheumatism. In both diseases the active agency has been generally attributed by modern physicians to the presence of an acid, uric acid in the one case and lactic acid in the other. In rheumatism the ultimate cause has been most likely discovered in a specific bacillus. Can it be doubted that one day the uric acid of gout will be traced to an equally definite source, as the product either of a faulty chemistry of tissues or of microbial invasion?

There is little need to describe at length an attack of acute gout, with its sudden excruciating pain coming on in the small hours of the morning. As everyone knows, it usually affects the big toe, which is red tense, shiny, swollen, exquisitely tender and trellised with distended veins. Other parts, such as the instep, wrist, hand, or now and then the knee or elbow, may be involved, and the inflammation usually subsides after a week or ten days, with desquamation. The temperature is raised slightly during the acute stages. The gouty joint may, to all appearance, recover perfectly and there may be no recurrence. In the vast majority of cases, however, the attacks recur again and again, with gradual

deformity of the affected joints. There is deposition of urate of sodium in the articular cartilages and synovial membranes, leading to destruction of the former; while deposits of urates or "chalk stones" are formed in the peri-articular structures. The chronic condition may involve many joints in constantly recurring paroxysms that may last for several weeks at a time.

Nor is there any need to discuss at length the manifold phenomena of irregular gout. No disease is more markedly hereditary than gout, and in a certain sense it may be said to modify most of the pathological processes that occur in its inheritor. But apart from that modifying influence there may exist various symptoms connected with the gouty constitution. Among the latter may be mentioned enuresis, night terrors, laryngismus stridulus, and certain forms of eczema in children, while in adults we find gastritis, enteritis, hemorrhoids, migraine, neuralgias, sciatica, lumbago, asthma, ocular inflammations, varicose veins, nephritis, "gravel," and pulmonary catarrh in the aged, besides a number of eczematous and other cutaneous inflammations. In the opinion of the present writer† many of the foregoing affections may be explained by reference to the particular channel of exit of the irritant gouty material from the body. His theory of "excretory irritation" applies by a similar process of reasoning to a large number of irritants, which may be either of chemical or of biological origin if present in the circulation. The gastritis, enteritis, bronchitis, nephritis, dermatitis and so on are, according to this explanation, the result of direct irritation of excretory organs by irritants that may have had their origin within the body or have been introduced from without. Applied to gout the theory accounts in a simple manner for many of the phenomena of that disease.

The undoubted relationship of gout to kidney disease presents another problem as to which opinions differ widely. There is no sort of agreement as to whether the nephritis causes the gout, or the gout the nephritis, or for that matter, whether both may not be due to a common origin.

* "Treatise upon Gout," London, 1798.

† D. Walsh, *Medical Press and Circular*, London, October 22, 1890.

Where lead is concerned, it appears reasonable to assume that the first step in the chain of events is damage to the kidney by the metal, with an accumulation of uric acid in the blood and consequent gout. The gouty blood would tend to injure still further the already damaged kidney, which would thereby become affected with gout of its own creation. In any case, kidney inadequacy seems to be an essential factor in the causation of gout. If lead can produce gout by its action upon the kidney there is no apparent reason why any other irritant, as, for instance, arsenic, mercury or the scarlatinal poison, should not lay the foundation of gout.

In the triad: gout, lead poisoning and cirrhotic kidney, we have an interesting group of symptomatic maladies, so closely connected that it is impossible to say which is the original cause, or whether the parts they play are not interchangeable.

The most plausible explanation of the chemistry of gout is that ably advocated by Bruce-Jones, Roberts and others. It may shortly be expressed as follows: The condition known as gout is due to the accumulation in the blood of uric acid in the form of a soluble quadriurate of sodium. That salt is unstable and gradually changes into the insoluble biurate, in which form it is deposited in the joints and other structures.

It should be noted that the presence of the quadriurates is inferred upon purely chemical grounds. The inference, indeed, is disputed by Drs. Tunnicliffe and Rosenheim; who point out that there is no evidence of quadriurates either in the artificial or natural amorphous urinary deposits or in the fluids of the body. The artificial product, called the "quadriurate," they regard as either a mixture in varying proportions of uric acid and biurates, or pure uric acid or pure biurates alone. Their objection, however, does not extend to the biurate, which remains as heretofore the specific deposit of gout. It seems not a little curious that the very existence of the quadriurates should be open to question when we are dealing with so exact a science as modern chem-

istry. The conflict on this point illustrates in a striking way the difficulties that surround the subject. The fact remains that the etiology of gout has not been conclusively settled in the chemical laboratory. Whatever results may be forthcoming in the future, the test tube has not yet solved the inner problems of gout.

The gouty signs and symptoms may be conveniently, if somewhat roughly, divided into two groups: (1) That in which the fibrous, vascular and serous tissues, with the mesoblastic structures generally, are affected by uratic deposits, with subsequent degenerative and destructive processes. (2) That in which skin, mucous membranes, kidneys and other excretory organs are irritated by the elimination, or attempted elimination, of some blood-borne toxic substance connected with gout. A little examination will show that all the gouty phenomena can be referred directly or indirectly to one of the foregoing groups. The second group, that of excretory irritation, includes the two forms, visceral and cutaneous, under which some writers still classify the various manifestations of irregular gout. The distinction thus made, however, is purely artificial, inasmuch as both skin and viscera appear to be influenced by a common irritant.

Diagnosis.—As a rule, gout is readily distinguishable from other maladies. Its peculiar and specific mark, as already pointed out, is the uratic deposit. Its hereditary nature and proneness to attack males between thirty and forty, its predilection for the small joints, especially the great toe, its characteristic recurrent attacks of acute articular and peri-articular inflammation, at first mori-articular, later more obstinate, deforming and polyarticular, its occurrence among well-to-do and full-blooded persons, its association with bronchitis, eczema, dyspepsia, kidney disease and other well-known gouty symptoms, all serve to mark it off sharply enough from other diseases.

Rheumatism, on the other hand, is prone to attack young people, and to affect the larger joints. When acute, it is characterized by high temperature and acid sweats. In all forms, acute, sub-acute, chronic or ambulant, the heart is

† *Lancet*, June 16, 1900.

exceedingly apt to be affected, and the joint pains are of a shifting nature. The connection of rheumatism with chorea is well marked, and also with urticarial, purpuric and certain other skin troubles. There is no deposit of urate of sodium in the joints or elsewhere. In rheumatism the main brunt of the attack appears to be expended upon the fibrous structures connected with joints, serous cavities, aponeuroses of muscles, nerves and tendons, and the heart. There is a certain amount of irritation to the excretory exits from the body, but its effects in this direction are not to be compared with gout as regards the constancy and severity of the resulting damage. Possibly a difference in the physical nature of the irritant, in the one case a toxin, in the other a more or less insoluble and unstable salt, might furnish the key to the differing action of gout and rheumatism on the various channels of excretion from the body.

Rheumatoid, or osteo-arthritis, may now and then be confused with chronic gout, although a closer examination will usually serve to distinguish the two conditions. In polyarticular rheumatoid arthritis many joints are successively involved, and the disease is progressive; there are not the acute recurrences of gout, neither is there the deposit of urates, and, above all, the joint does not recover after the rheumatoid affection is once fully developed. The rheumatoid state may gradually supervene in joints affected by chronic gout, or gouty deposits may take place in joints that have become the seat of chronic osteo-arthritic changes. Such condition can be diagnosed only after a careful survey of the whole circumstances of the case, including the family history and the facts connected with the past and present of the patient. It is needless to remark that from the mere inspection of a joint it would in many instances be impossible to determine the precise malady, or complication of maladies, responsible for the arthritis. Rheumatic gout, to use its old name, may usually be traced to some depressing influences of body or mind, whereas gout occurs in well-to-do and robust persons. The pathology of the advanced rheuma-

toid joint is characteristically different from that of gout.

Treatment.—Many attempts have been made by the chemist to devise cures for gout in his laboratory, but his efforts in that direction have not hitherto been conspicuously successful. He has recommended many drugs theoretically, because they would form in the body soluble or relatively soluble compounds with uric acid, or because they would exercise a solvent action upon the biurates. Lithium was advocated on the ground that it hastened the excretion of urates, but serious doubts have arisen as to the value of lithia salts in gout, although it has been in great vogue for many years. Piperazine was extensively used a few years ago because the chemists declared it to be a more powerful solvent of uric acid than the salts of lithium. Little is heard of piperazine at the present time, because it failed to reproduce in the human body the less complicated reactions of the test tube. Other theoretical remedies, such as urosin and sidonal, might be mentioned, for synthetical chemistry every year adds to their number, but the true remedy for gout that will stand the test of experience has yet to arrive. The use of potassium salts to the exclusion of those of sodium (including common salt) has been urged by some authorities, but here again the advice has been based upon theoretical assumptions as to the alkalinity of the blood and other imperfectly understood tissue changes and relative stages in health and in disease.

As a matter of fact, the treatment of gout by drugs stands very much as it did in the days of Sydenham. Colchicum, blue pill and epsom salts, with plain diet, rest and local anodyne applications, remain the classical remedies for a "fit of the gout." The two main additions to the resources of modern therapeutics are sodium salicylate and iodide of potassium, which, together with gualacum, exercise a powerful influence over gout. The explanation appears to be that all these drugs increase in some way or other the excretion of uric acid by the kidneys.

A practical minor advance has certainly been made in recognizing the fact

that water is a good solvent of sodium biurate. Many persons fall into the habit of drinking too little water, and they are greatly benefited by the use of mild alkaline or plain water, the latter either distilled or derived from a pure natural spring. There is a limit, however, to the quantity of water that can be consumed with benefit. The taking of water to excess over prolonged periods of time, as recommended in some special plans of treatment, can hardly be too strongly condemned. Under this method the unfortunate patient is condemned to drink tumblerfuls of water morning, noon and night for months together, while at the same time his diet is restricted to Spartan proportions. The patient undoubtedly derives benefit up to a point when the lowering effect of the "cure" makes itself felt. No case of ultimate or permanent cure of pronounced gout, whether regular or otherwise, has come under the notice of the present writer as the result of this heroic water treatment. On the other hand he can testify to several instances in which lasting damage to the constitution could be traced to its debilitating effects. The fact of the matter appears to be, that a patient suffering from chronic gout is in an enfeebled condition, which requires avoidance of all depressing influences, such as prolonged fasting, low diet, overexertion, long continued purging or mental worry. It is only of late years that physicians have begun to recognize that to stimulate is just as necessary as to depress in the treatment of gout, and that the value of each measure lies in moderation.

The attempt has been made to remove gouty deposits by conveying solvent salts through the skin by means of electrical currents. The medicament in solution is brought in contact with the affected part either in a bath or upon saturated cotton wool, and a current of from ten to thirty milliamperes strength applied for about half an hour. Good results have been claimed for lithium iodide used in this way and also for a solution of lithium citrate rendered just alkaline by lithium carbonate. This ingenious method, however, has not come into general use.

It has recently been proposed to inject piperazine into the tissues surrounding the tophi.[§]

The value of the Turkish bath has long been recognized in the treatment of the gouty condition in all degrees and in all stages. So also has the beneficial effect of a visit to a suitable spa, especially when combined with systematic bathing and massage, to say nothing of plain and temperate living. For all that, the general experience has always been that such measures, although they may relieve for a time, as a rule fall entirely in their main purpose, namely, to cure the gout.

Physicians are only too familiar with the tale of the gouty patient who has traveled in search of relief from spa to spa, both in his own and in foreign countries, and has tried in vain drugs, electricity, baths, massage, water, grapes, whey, or any other possible or impossible method of cure.

The therapeutics of gout, however, have made a solid practical advance in the shape of the Tallerman superheated air treatment invented in England some years ago. As most practitioners know, one part of the patient's body, say an arm or a leg, is subjected to a temperature ranging between 200° and 300° Fahrenheit for half an hour or an hour. The effect of the local application is upon the body generally, as shown by the copious sweating that ensues and the fact that the kidneys excrete an increased amount of uric acid. The present writer has witnessed remarkable results following the application of the superheated air in gouty cases. It will control even acute gout, and in one case an incipient attack in the great toe was treated with so much success that the patient, a stock broker, was enabled to keep his engagement at a shooting party next day. That result will speak volumes to all who are familiar with acute gout. In advanced and chronic cases the restoration of movement and return to health has often been of a most striking nature. Under the superheated air uratic deposits and enlarged bursæ often vanish.

A somewhat extensive experience has convinced the present writer that the

[§] *Grofredi, Gazzetta Degli Ospedate*, August 20, 1899.

Tallerman method yields curative results in gout that cannot be approached by other therapeutic measures.

That a patient undergoing the super-heated air treatment will derive benefit from a combined course of drugs goes without saying. Anti-gouty remedies should be prescribed in doses found suitable to the individual patient. In dealing with gout, indeed, the physician has to study the peculiarities of his patient far more closely than in the majority of diseases that come under his care. He will also find it necessary to enter into every detail of the case before him before he can form a trustworthy opinion as to the outlook and obtain a clew to guide him in treatment. Diet forms an important item in the instructions of the physician. As a rule the quantity needs restriction, for the tendency of the modern town dweller is undoubtedly to take too much food and drink and too little exercise. As to quality there are endless dietaries framed on this or that theory, but a fairly generous diet of good plain food seems to be all that is required. Some physicians forbid all butcher meat, with the idea that it carries into the system both uric acid itself and the materials out of which uric acid is most readily formed. There is no evidence, however, that excessive meat eating produces gout. As already pointed out, gouty patients require careful nutrition. The common error of such patients lies on the side of quantity rather than of quality. The physician, therefore, will do well to avoid any severe or prolonged limitation of diet, while at the same time he bears in mind the virtue of occasional abstinence.

In the same way with alcohol, it is quantity rather than quality that does the harm. A glass of sound wine now and then is likely to do good rather than harm. The gouty should avoid malt liquors, sweet wines and liqueurs. Small quantities of well matured whisky or Holland gin, with plenty of aerated potash water, may be allowed daily.

Clothing should be warm and comfortable. In this and other points of environment ordinary common-sense rules will suffice for the guidance of the physician.

Naturally, all complications, whether of skin, lungs, circulation, digestive system or kidneys, will have to be carefully attended to.

Exercise is an important part of treatment. Wherever feasible the patient should be induced to take daily open air exercise, such as walking, riding, cycling, rowing, croquet, tennis or golf. The value of the Turkish bath is probably to a large extent due to its forming a kind of substitute for active exercise. Indoors, billiards forms an excellent recreation.

With careful and conscientious attention to the requirements of the individual the physician may confidently hope to bring alleviation or cure to all, or nearly all, cases of gout. In no disease, however, does success demand more self-control and self-effacement on the part of the patient.

[Written for the MEDICAL BRIEF.]

Correction of Refractive Errors.

BY C. M. MENVILLE, M. D.,
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Dr. W. H. Gray, of Michigan City, touches on a subject, "The Abuse of Spectacles," which is well intended and is right as far as he goes, but the doctor does not go far enough to explain that the judicious use of spectacles in the young, as well as in the old, is a saving of the eyesight and a boon to the young student who is unable to see what is going on at the blackboard, and seems almost idiotic to his professor, just because he does not see what he is supposed to see. He is deprived sometimes of the beauties of nature if he is myopic, or has a terrible headache, which precludes all enjoyment of life. Of course, it is a pity to be humbugged by the quack optician, whose only aim is to sell his spectacles, and our patrons should be warned to have the eyes of their children tested by professional men who sell no spectacles, the fee being charged the same whether the correction is actually needed or not. Where correction is needed by the young, as well as the old, it is a sin to deprive one of the same, as a defect is very often progressive and leads to grave troubles if not remedied in time.

[Written for the MEDICAL BRIEF.]

Treatment of Pleural Fistulæ Following Operations for Empyema.

BY AIME PAUL HEINECK, M. D.,

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Pleural fistulæ following the various operations for empyema are due to different causes. Owing to the fact that nowadays purulent pleural effusions are detected as well as evacuated earlier than formerly, long-standing pleural fistulæ are less frequent than they were.

To institute rational treatment for these fistulæ, it is all-essential that the causative condition be determined. So long as the fistula persists, it will discharge. This discharge is a drain on the patient's system. It is a source of constant mental worry. It debilitates him physically. Long-continued profuse purulent discharge results in amyloid disease of the viscera. Very important in the treatment of pleural fistulæ of long-standing are the various thorocoplastic operations. They can save lives otherwise lost beyond all doubt.

Pleural fistulæ can be caused by:

1.—Too prolonged use of drainage tube. As the drainage tube retards and prevents the obliteration of the abscess cavity, it must be removed as soon as it ceases to perform a useful function; it must be removed as soon as it is no longer needed. Prolonged retention of tube may cause a callous sinus.

2.—Too lengthy a drainage tube having been used. Long tube irritates pleura and delays the formation of adhesions. In draining a pleural abscess, do not use a tube that will lie curled in the costo-diaphragmatic gutter.

3.—To caries of one or more ribs. Less likely to occur if rib has been resected subperiosteally. In these cases, thorough curetting (by means of Volkman's sharp spoon) of the carious rib and dissecting out of the pleural fistula, will suffice in most cases to bring about a cure. In other cases, resection of carious portion of rib is indicated.

Often the fistula does not lead into the pleural cavity, but leads to a carious rib.

In these cases, healing will quickly follow after thorough curetting of carious rib or ribs. The soft tissues are then approximated by sutures and attempt made to secure healing by first intention, or the wound can be packed with sterile or antiseptic gauze, and healing by granulation secured.

4.—To a portion of drainage tube having been left or having been sucked into the pleural cavity. Entire drainage tube may have slipped into the pleural cavity. Huber (*Med. Record*, page 2, Vol. 27) reports twenty-five cases in which drainage tubes were lost in the pleural cavity. "Many a chronic empyema is due to a drainage tube lost in the pleural cavity." (Curtis.) I have myself seen three cases. Remove, by the aid of a long, slender forceps, the foreign body. The removal of the offending body is at times facilitated by filling the abscess cavity with warm sterilized normal salt solution, in the shape that the return stream will carry the tube into the vicinity of the opening where it can be more easily grasped, and removed. An extensive resection of the chest wall may be necessary to remove the foreign body. If drainage tube be not removed, it may, in a few cases, become encysted. Usually, however, it gives rise to an intractable fistula, or sets up new inflammatory action.

5.—To defective drainage of pus pocket. Secure thorough drainage by employment of appropriate procedure. Among procedures that are employed in the post-operative treatment of empyema the hammock treatment is one that should be mentioned. It is carried out as follows: During the day, when not taking exercise, the patient is to lie on the diseased side, well toward the foot end of the hammock, with only a small cushion under the head, so that the thorax lies in a deep hollow and the pelvis rises. The effect is to paralyze the sound half of chest and of the diaphragm by bending it in and to render the other side strongly convex, thus opening up the wound and emptying the empyema by gravitation, while considerable movement is called forth in the collapsed chest, instead of its being suppressed by the hard pressure of bed.

6.—Insufficient expansion of lung. This diminished expansion of lung is due partly

to mechanical compression by the thickened visceral pleura, and adherent inflammatory bands; partly to pleurogynous pneumonia.

7.—Insufficient sinking in of chest-wall. The collapse of the chest wall (owing to its rigidity and bony framework) and the consequent diminution of the capacity of the thoracic cavity cannot, unless assisted by surgery, extend beyond certain limits.

To compensate for the insufficient expansion of lung, and the insufficient sinking in of the chest wall, operations of varying extent are performed. Estlander's and Schede's for mobilization and sinking in of chest wall, and Delorme's to secure pulmonary expansion, are the most common operative procedures resorted to, for the cure of pleural fistulæ due to six and seven.

Before performing any of the various thorocoplastic operations, the extent and shape of the empyemic cavity must be determined; the vitality, expansibility and tendency to aerial impregnation of the lung must be considered. Even then, conditions may be found at the time of operation that will require the adoption of an operative procedure other than the one that has been planned. If the fistula leads to a small cavity, resection of one or two ribs, with curettage or cauterization of the sinus, may be ample to bring about a cure. Amount of rib resection being always determined by the dimensions of the cavity. Fistulæ leading to large cavities do not readily heal, because the retracted lung can not go to the chest wall, and the latter, owing to its rigidity, can not go to the lung. Hence, there remains a large secreting hollow space in the chest, which nature, unassisted by surgery, is unable to obliterate. This space, and the fistula which leads to it, is a source of weakness and a menace to the patient. Unless relieved it will cause death by septic absorption and exhaustion or amyloid disease. Estlander's and Schede's operations have each for their object to destroy the rigidity of the chest wall, so that it may fall inward, and by coming in contact with and adherent to the pulmonary wall of the pus sac, cause the cavity to become obliterated. Estlander's and Schede's operations are both followed by consid-

erable weakening of the chest wall and more or less permanent deformity.

Estlander's operation, which consists in removing subperiosteally a number of ribs, thereby allowing of the agglutination of the costal and parietal pleuræ, is not to be attempted until all that unassisted nature can accomplish in the way of retraction of the chest wall has been effected. Neither is it to be performed until as complete expansion of the lung as is possible has been secured. It must be resorted to only at a late date, that is, not before six months have elapsed after the primary evacuation of the pleura. Other therapeutic measures must have proved powerless. Homen says that Estlander's operation must not be performed until after fistula has existed four or five months, with no marked diminution of size of cavity. The two first ribs should not be sacrificed, owing to their important connections, relation to large vessels, difficulty of access and mechanical role; the last two ribs, being floating ribs, will not be interfered with; their resection would serve no useful purpose. The rib resections must be adequate; must be as extensive as the size of the cavity demands; must permit of collapse of chest wall and of contact of parietal and visceral pleuræ. An unsuccessful operation is very frequently due to too limited resections.

This operation is indicated in long-standing empyema, in which limited excision of one or more ribs has failed to obtain relief, in chronic empyema with marked retraction of the lung. Its purpose being, by mobilizing the thoracic wall, to obliterate a suppurating cavity with rigid walls. Even, if with one Estlander's operation you do not succeed in obtaining complete obliteration of the pus cavity, the discharge is reduced to a minimum, and the patient is placed in a more comfortable position. Successive operations are at times required to achieve cure.

Fenger gives the following contraindications to performance of Estlander's operation: (1) Advanced tuberculosis of lung. (2) Marked albuminuria (not an absolute contraindication). (3) Extreme debility of patient.

The mortality of Estlander's operation is influenced by the size of the cavity, the

character of the empyema, the condition of the patient and the experience of the operator.

Operation.—Often great hemorrhage is associated with this operation. Minimize hemorrhage. The less the hemorrhage, the less the shock following the operation. Have an abundance of warm sterilized normal salt solution.

Determine by percussion and auscultation, size and shape of cavity. A rubber catheter introduced through fistula will give you information as to limits of cavity. Size of cavity is also determined by fluid injections. All fluids injected into the pleural cavity should be warm. Amount of resection required varies with the extent of the cavity. Direction in which the sinuses run and the shape of the cavity determine where the ribs should be cut, how many should be removed, and how much of each. Resection zone is usually included in area between pectoralis major in front, and the latissimus dorsi behind. Here the ribs are covered only by the skin and the digitations of the serratus magnus. The number of ribs to be removed is variable (being indicated by size of abscess cavity). As many as eight ribs have been removed, and as much as from two to fourteen centimeters of each rib have been removed. In resecting the lower ribs, it is well to carry the resection more posteriorly than that of the upper ribs. The largest rib resections must be made on that portion of the thorax which is the most distant from the lung. There is no typical Estlander's operation, because, owing to the fact that empyemic cavities are not uniform in size and shape, the operation must be modified and adapted in each individual case to the indications and conditions therein present.

"Consider the size and the shape of the cavity that you are seeking to obliterate. The plan of operation is essentially different when cavity has its greatest length from above downward in a perpendicular direction, than when its direction is transverse from before backward. A transverse cavity extending from sternum to the vertebral column requires the resection of larger pieces of two or more ribs, while a longitudinal cavity of small transverse diameter, covered by five, six or seven ribs, will require the

resection of small pieces, that is, from two to six centimeters of a large number of ribs." (Fenger.)

An incision along the center of an intercostal space allows resection or removal of two contiguous ribs; two such incisions, four contiguous ribs; as many such incisions may be made as are required, first incision being made between the two ribs situated over the center of the cavity, to which leads the fistula. Expose the ribs, separate them from surrounding soft tissues to the full extent of the cavity, and divide them at the limits of exposure with a fine saw or bone-cutting forceps; enough of each rib must be removed *subperitoneally* to correspond with the depth of the cavity from that rib to the lung, the ribs on the edge of the cavity requiring less resection than those located over the center of the cavity. After first resection, with finger, explore the cavity. This will inform you as to the extent of the resection made. I prefer these intercostal incisions to the formation of a large flap, because if patient's condition during the operation should become such that further procedure must, for the time being, be deferred, the operation can easily be discontinued and the patient will nevertheless have been benefited by what has been done. With a large flap this could not as easily be done. Different operators expose the thoracic wall by different shaped flaps; some employ T-shaped; others a U-shaped flap; others I-shaped, and so on.

First cut rib posteriorly, then liberate it from surrounding periosteum and then cut anteriorly. To avoid necrosis of remaining portion of resected rib, do not denude rib of its periosteum beyond point of section. In resecting ribs, be careful not to wound the intercostal vessels and intercostal nerves. Wounding of the former is attended by hemorrhage; wounding of the latter by impaired sensation and occasionally atrophy of the abdominal muscles.

The most important muscles interfered with are the pectoralis major and the serratus magnus. If the resection has been strictly subperiosteal, some rehabilitation of the functions of these muscles is to be expected, because, as in sub-

periosteal joint resections, a more or less extensive formation of bone takes place in the periosteal sac of the excised ribs. Estlander's operation permits the introduction of the finger, or even the entire hand, for exploration, so that no separate pockets of pus need remain, and drainage can be made complete.

Curette vigorously both pleuræ, especially the thickened parietal pleura. Cleanse and wipe out cavity. Suture wound. Insert one or two rubber drainage tubes at most dependent parts. Drainage must be thorough. If needed, pack cavity lightly with gauze. Apply a bulky antiseptic dressing. Dress wound with arm pressed and immobilized against the chest wall. This is done to favor the collapse of the chest wall. With collapse of the chest wall, the processes of granulation, adhesion and contraction effect obliteration of the cavity.

Observe careful asepsis in the subsequent dressings. Give patient appropriate dietetic and medicinal treatment. After all thoracoplastic operations, pulmonary gymnastics are of value to lessen the deformity and to increase the patient's pulmonary breathing area. Hammock treatment can be made use of.

Schede's Operation.—According to Prof. Fenger, this operation is to be resorted to only after milder measures, such as incision and drainage, and Estlander's operation, have been fruitlessly employed. This operation markedly impairs the solidity of the thoracic cage. It is to be resorted to only in the most desperate cases. Though it increases the existing deformity, if the operation accomplishes its purpose, the danger of amyloid degeneration is obviated, and substantial cure follows. It is especially applicable to cases with greatly thickened pleura. It is a resection of the entire thoracic wall, excepting the tissues superficial to the ribs, and the intercostal vessels and nerves. Schede, in performing this operation, makes a U-shaped, or semi-circular, incision, beginning in front, at the level of the fourth rib, and at the outer border of the pectoralis muscle. Incision is carried downward to the eighth or ninth rib, and in such a direction that the apex of the flap rests upon

the posterior axillary line. Knife is then carried upward and backward, on a line with the posterior border of the scapula. Knife is carried to the ribs. This flap is dissected from the ribs, and retracted upward. In dissecting off this flap, let your scalpel cut towards the ribs, not towards the flap. The base of the flap is upward, so as to secure better drainage. The scapula and subscapular muscle are raised from the trunk with the flap. Ribs are resected from the costal cartilages to the tubercles. In resecting ribs, the lowest one to be removed is the one first attacked. Each succeeding rib is then removed separately; the resection being carried to the fourth, third, and sometimes second, rib, as conditions may demand. The second rib is rarely resected, on account of its high position, and the importance of its anatomical associations. Rib is first cut at about its middle; anterior half is cut at its costal junctions; posterior half is cut at its angle. After removal of the ribs, the intercostal muscles and parietal pleura are removed. In some of these cases, the parietal pleura will be found to be from one-half to one inch thick. As can be seen, Schede removes the rib, the periosteum, the intercostal muscles, and the costal pleura. It is well in the resecting of chest wall not to interfere with the intercostal nerves. The section or resection of the intercostal nerves is at times followed by atrophy of the abdominal muscles of same side.

Stop hemorrhage by artery forceps and by ligatures, as you proceed. There is always a good deal of shock following this operation. Lessening the hemorrhage lessens shock. The intercostal arteries must be ligated at their divided extremities. Hemorrhages from their branches are controlled by forceps.

Cleanse and curette the pulmonary pleura. Turn down your flap with the scapula and subscapularis muscle. This flap is sutured to edges of wound except at point where the tube or gauze emerges. It obliterates pus cavity by the formation of granulation tissue, and thus uniting with the pulmonary pleura. Normal salt solution is to be given in abundance, per rectum, after this operation.

Pulmonary Decortication. *Delorme's Operation.* — This operation consists of stripping the thickened pleura from the collapsed lung, so as to enable the latter to expand once more. If, after opening of the thoracic cavity, you see that the case is not one suited for Delorme's operation (pulmonary decortication), perform either an Estlander or a Schede operation. Essential conditions for the success of the operation are a detachable pulmonary pleura, a permeable lung and absence of superficial tubercular lung cavities. This operation attacks the adhesions that collapse and bind the lung in the vertebral gutter. It attacks the thickened pulmonary pleura that mechanically prevents the expansion of the lung. Its aim is to restore to the patient the use of his lung. If the operation be successful, the empyemic cavity is obliterated by the restoration of volume and function to the lung.

Delorme makes use of an osteoplastic flap, usually situated from the third to the sixth or seventh rib, inclusive, with the pedicle posteriorly. The location and size of the flap is determined by the location and size of the empyemic cavity. This osteoplastic flap includes all the soft tissues of the chest wall and the ribs.

In front the ribs and intercostal tissues are cut. As soon as the intercostal arteries are sectioned, seize the two ends with hemostatic forceps. The upper and lower borders of the flap are formed by the intercostal tissues, the knife being carried in the intercostal spaces, along the superior border of the ribs, and extended as far as the posterior limit of the flap. Behind, the ribs are cut longitudinally, or a small piece is resected subperiosteally, being careful not to injure the muscles, arteries and nerves.

A curtain is thus formed, which is turned backward. This gives access to the collapsed lung. The visceral pleura is now cleansed and curetted. Parietal pleura also. A linear incision is now made in the pulmonary pleura. A grooved director is introduced between the thickened pleura and the lung. The pulmonary pleura is dissected from the subjacent lung with scissors and bistoury. This dissection is the difficult step of the operation. It must be done cautiously and

gently. Once this has been done, in suitable cases, the lung expands. The osteoplastic flap is then put back in place, and its edges are sutured. The sectioned ribs unite, as after ordinary fractures.

During the healing process arm is to be immobilized against side. The post-operative medicinal treatment must be appropriate.

[Written for the MEDICAL BRIEF.]

Rusty Nail in the Foot.

BY W. P. BRYAN, M. D.,
Swann, W. Va.

On the evening of August 23d about five p. m., my son, Plato, aged seventeen, was carrying some sawed barrel staves and splitting them into stovewood, and in removing them from the rubbish and weeds he accidentally run an eight-penny rusty nail at least an inch into the ball of his right foot, through the sole of a gum shoe, and had to call a hand near-by to assist him in extricating the nail, and considerable force had to be used in pulling the nail out.

Immediately, on a close examination of the puncture in the foot, and also the rusty nail, I at once concluded to cleanse the parts carefully and apply a cup, which drew out considerable clotted blood. I again cleansed the part carefully and applied a large pledget of aseptic absorbent cotton, saturated with about two drachms of pure spirits of turpentine, and applied a loose bandage to hold the cotton in place over the puncture. In about two hours the foot began to swell considerably on top of the foot, and became very painful. On removing the bandage and cotton, I found considerable fever and the puncture entirely closed. I at once carefully opened the hole made by the nail, with a clean instrument, and cupped again, but very little blood and coagula was drained out, and I again applied the turpentine and cotton and bandaged as before and gave him a good dose of codeine at bed-time. He rested quite well and was up pretty early and ate his usual breakfast, and his foot feeling quite comfortable. I again dressed the foot as before, and he is making a nice recovery.

[Written for the MEDICAL BRIEF.]

Therapeutics of Some Common Urinary Diseases.

BY C. W. LILLIE, M. D.,

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A concise statement of the special therapeutics of diseases of the urinary apparatus cannot fail to interest the physician. But to give a clear idea of what is best is not a light task, since it involves a consideration of a great variety of pathological conditions, each of which may require a variation in the therapeutics, so that to consider all these in detail would require a volume instead of being amply considered in the limits of a paper in a medical journal. There are, however, a few diseases which appear so frequently in the practice of the general practitioner, and which so frequently prove very troublesome to him, that a brief study of the remedies to be employed for these diseases will prove useful. It is not the purpose of this paper to describe diseases, but to bring together a number of measures for the relief of the symptoms found in the diseases considered.

Cystitis is a disease of frequent occurrence, and one, too, which is the cause of profound distress on the part of the patient, and occasionally of the physician also, if the treatment is not adapted to the particular case. In this distressing complaint pain demands attention. And, since the pain is aggravated by movement, the first requisite for the successful treatment is to procure absolute rest in bed. Hot applications, as by cloths wrung out of hot water, a hot-water bottle or a hot flaxseed meal poultice applied to the hypogastrium, are often beneficial, and in mild cases may be sufficient to relieve the pain. When these fail, opium or morphine may be employed. The opium is most useful if administered in the form of a suppository, proximity to the seat of the pain apparently rendering it most useful in this form. High enemata of cold water with a little tincture of opium are

very beneficial, especially to prevent fecal accumulation in the rectum, sigmoid flexure and descending colon. It is in the sthenic cases, with a high temperature, that the cold water is most useful. Suppositories containing one and one-half grains each of opium and extract of hyoscyamus and a half grain of extract of belladonna are particularly indicated at night when the sleep is very much disturbed by the frequency of micturition. Mineral waters are very beneficial if drank in large quantities in those cases in which there is a concentrated urine, but a proper discrimination is necessary in the selection of the water. Those containing lithia are to be preferred. Sander's Garrod Spa is a superior water for this class of cases. A fine demulcent drink is made by pouring a pint of boiling water on an ounce of whole flaxseed, letting stand till cold, straining, and to this add the juice of half a lemon and sweeten if desired. Of this drink freely when cold. Buchu, uva ursi and other astringents are not useful in the acute stage.

Saw palmetto is a very valuable internal remedy for the acute as well as for the chronic form of cystitis. It is, however, a matter of the greatest importance that it should be employed in the proper form. Its virtue is materially increased by the combination with sandalwood, but to get the best results a proper proportion and a true blending of these two drugs must be made. It is also essential that the saw palmetto be in proper condition so as not to be deprived of an essential constituent, probably a volatile alkaloid, or a volatile oil, and the active principle of the drug. The extemporaneous preparation of a compound of this character is not feasible, and hence the necessity of resorting to the product of a well-fitted laboratory. One of the best, if not the very best, preparation of saw palmetto is sanmetto, made by the Od Chem. Co., under the most favorable conditions and by the most approved methods. This preparation has proved a most useful adjunct in the treatment of cystitis, acute and chronic. It allays vesical irritability and lessens the tenesmus following micturition, as abundant clinical tests have proven.

The local treatment may at times prove helpful. Irrigation of the bladder with a 1-25,000 solution of bichloride of mercury, or a 1-15,000 to a 1-5,000 solution of permanganate of potassium, or a saturated solution of boric acid, when supplemental to the general treatment, are often of the greatest benefit. In any case where irrigation is deemed necessary it is always safest to begin with the weaker solutions and increase the strength gradually as the bladder becomes tolerant of them. All irrigations should be made with warm fluids. As the urethra always contains pathogenic bacteria, care should be taken to avoid carrying additional infection into the bladder by the catheter. Overdistention is a danger to be avoided, as stretching the congested or inflamed mucous membrane may cause a laceration, thus opening new points for septic invasion of the deeper tissues.

Irritable bladder is now recognized as distinct from inflammation, and is such a very distressing condition that it demands attention. It is thought by some to be a neurosis due to disease of adjacent organs; and by others to be due to a general neurotic condition as one feature of a gouty or rheumatic diathesis; while others claim that it is primarily caused by an uric-acidæmia. All may be right. There may be a variety of causes, all acting singly, or combining their effects. The treatment must be addressed to the cause if it can be discovered, but it must be confessed that this is not always apparent. Where the irritability is due to a perverted, or abnormal urine, or where this is at least contributory, and especially where there is excessive acidity, the alkaline treatment is to be carried out. Citrate of potass., or citrate of lithia, would then be most valuable adjuncts, rendering the urine more bland. It is here, again, that the beneficial effects of sanmetto have been so often observed. *Triticum repens* is also often of value in these cases. These remedies appear to lessen the sensibility of the nerves of the vesical mucous membrane, as well as to modify the character of the urine, a combined effect that enables the bladder to retain the urine longer, and thus the habit of frequently emptying itself is gradually overcome.

In the variety of irritability of the bladder resulting from pinworms it will be necessary to first eradicate the parasites before attempting to relieve the vesical trouble, as any form of treatment directed solely to the bladder will fail. In those cases associated with debility, where the incontinence is due to a loss of tone in the sphincter vesicæ, iron and strychnia are both indicated. Some cases of irritable bladder occurring in neurotics are improved by the use of bromides, the latter being combined with tincture of hyoscyamus, or tincture of belladonna. For the incontinence of children, where the general health is not impaired, the fluid extract of belladonna is probably the best remedy for most cases. To be effective it should be given in full doses early in the evening and continued until the physiological effect is obtained, or until it begins to dilate the pupil. It is always best to begin with one-fourth to one-half minim, according to age, and repeat every hour till the desired effect is obtained, or until the maximum dosage is reached for a child of that age. Even in these cases sanmetto has been found a most excellent tonic and sedative, giving tone to the muscles concerned in micturition and exerting a sedative effect upon the terminal nerve filaments in the mucous membrane.

It is well to bear in mind that any case of irritable bladder demands that the bowels shall be kept in a proper condition. Constipation increases the irritability when present if it cannot be set down as the cause, at least as an exciting, or contributing factor in the etiology, hence the necessity for due attention to that condition. Saline laxatives are generally the best, though a free calomel purge in the beginning will often prove very beneficial. As suggested in cystitis, high enemata to unload the rectum, sigmoid flexure and descending colon, exert a decidedly beneficial influence over this condition. This is especially observed in cases of a neurotic character where the long retention of the feces results in a toxemia, a condition which is by no means rare.

Diseases of the prostate are not to be overlooked when considering irritable bladder, since a neurosis of the prostate

may be present and be the cause of that irritability; so that in any case of vesical irritability in a male a careful examination of the prostate should be made in order to exclude enlargement, hyperemia, or inflammation of that gland before reaching a final conclusion, though the treatment may not vary materially from that for the purely cystic trouble, yet there are certain points of difference. The purely nervous prostatic trouble is often less amenable to treatment than is the hyperemia, or so-called "congestion," or even mild degrees of inflammation, though in any case of hyperesthesia, whether of nervous origin or due to organic change, the sedative influence of sanmetto, markedly improves the condition, frequently being the only treatment required. This holds equally true of the cases of frequent and difficult micturition due to enlarged prostate.

It is well to bear in mind that enlarged prostate, when due to calculi, to fibrous, or to fibro-adenomatous, or fibro-myomatous tumors, or to pure adenoma, are not cured by internal treatment, generally these measures being merely palliative. This caution is necessary lest a promise of a permanent cure may lead to disappointment and loss of confidence in the physician. It is not advised, however, that a case be abandoned as hopeless just because it is ascertained that a tumor exists, or that operative measures are all that is left, as judicious treatment, general and local, may do much to render the life of the victim of a hypertrophy quite comfortable.

To the remedies already mentioned as allaying vesical irritability we may add copalba, buchu, uva, ursi and ustillago maidis, and maidis stigmata, each of which may have its field of usefulness in certain cases of enlarged, or irritable prostate, and all may be tried before any good result is obtained. It is advised that in any case where treatment is unavailing after a reasonable time, a specialist should be consulted as to the probability of a cure by a radical operation.

Diseased Bladder.

Dr. G. W. Vanden, Caperton, W. Va., considers Lithiated Hydrangea a very valuable remedy in vesical diseases.

[Written for the MEDICAL BRIEF.]

A Baker's Dozen.

BY D. H. KELLER, M. D.,
Louisville, Ky.

A combination of great will power and much luck had wrought into Carey Holt's twenty odd summers an uninterrupted chain of successes, and he had now become imbued with the belief that whatever other men might accomplish he also could accomplish. From early childhood determination and pride had ever driven him on. Into whatever he undertook, went heart and soul. He was the antithesis of a stoic. In the beginning he looked forward to success, and the vision served but to urge him on, so that when he came to the end his enthusiasm had come apace—the gradation of victory preparing him for the culmination. Thus in all of his achievements success had never overwhelmed him. When he had been awarded the medal of excellency at grammar school it was because he had earned it, and because he had deserved it. He knew all along that he was going to get it. Later, when his classmates saw fit to make him captain of the football team, the honor came not as a surprise. His gymnastic and field exercises had all been to that end. When, at the head of his class at medical college, he was unanimously chosen valedictorian, no one made less fuss about it than he. And, finally, when in response to his letter written upon the eve of graduation, Mabel Ayre had answered "yes" to his proposal of marriage, he took the affirmative as a matter of course; not because of conceit, but for the reason that in this matter, as in all the other affairs of his young life, he had begun right, had striven earnestly and honestly, had again been successful, that was all.

It must not be understood, however, that Carey was a philosopher—far from it. A philosopher is a child of disappointment—a child whose garments are woven of a criss-cross of pains and pleasures—whose fortunes ebb and flow with the tides, whose days are days of sunshine and a shadow—whose heartaches sometimes find a heartsease. Unless a man has seen

white, he can never describe black. Unless he has known adversity, he can never discuss prosperity, and unless he has coursed up the rugged side of the mountain, he can not muse in the brambles at the top, nor go into ecstasies over the smooth road on the farther side.

Carey's was simply a case of the admixture of chance and sincere effort—a combination whose potency were almost incalculable. Out of it Carey had builded his opportunities.

Carey had lived in Cartersville all his life. The number of his friends in the old town was limited only by the number of its inhabitants. He was admired no less for his nobility of character than for his successes. And when he had come from medical college, and had suspended his sign in front of a handsomely fitted office, he thought it only a matter of a few days when his friends, or a great number of them, would begin to employ him.

But Carey was not the first novice in the actual practice of medicine who had reckoned thus. These friends were one and all glad to see him back again, and were proud of his achievements at college, and each of them predicted for him a brilliant future. But when it came to experimenting with a new doctor, none of them wanted to be first. They were all too considerate of Carey's feelings, however, to give this as a reason for not employing him, so, with many protestations of regret voluntarily whispered, each of them stated that he or she had an old family physician whose good offices and kindly consideration for their finances had been handed down to them by their ancestors, etc.

Carey had just now learned that friendship did not weigh much in the choice of one's physician, and here, too, he might have learned his first lesson in philosophy. Still, he knew a little of patience, and bided his time, and waited for the opportunity that was bound to come sooner or later, when he might show people the vastly superior methods of the modern physician as compared to those of his old-fogy confreres—men whom he admired for their good intent, but upon whom he looked with the statistical eye of progression.

The weeks and the months passed by, and, barring the occasional visit of the village mendicant, and the ever-existing chronic, with hypochondrical tendencies, who had exhausted the supply of free pharmaceutical samples in every doctor's office in town—paid for in voluminous declarations of gratitude, Carey's practice was yet in the prospective stage. He kept his office hours religiously, and listened to the eulogistic extravagances of the book agent and the representative of the pharmaceutical factory with equal politeness and resignation. In all he was a most consistent exponent of the theory that a physician who keeps his office and his temper must eventually get patients—first by accident and then by the influence of his own worth. But, while acting upon this theory, he learned many a lesson in practical things that seemed to contradict it. People were injured or taken suddenly ill every day. Men had strokes of apoplexy on the court house steps and in the aisle at church. Men broke their arms on the pavement where some thoughtless individual had thrown the banana rind, but nothing like this ever happened in his office.

It seemed strange, too, that accidents never happened singly. If a prominent citizen happened to fracture his leg or to precipitate himself into an open cellar, it was always by the merest accident that some other doctor was just happening upon the scene at the opportune moment, and it appeared that the more rigidly Carey stuck to his office and his ethics the greater the number of accidents and the oftener the coincidence of the doctor-in-hailing distance.

But, to maintain the other theory that everything comes to him who waits, it is timely to relate that Carey's opportunity came, and with a vengeance.

Much rain and inordinately hot weather had turned the county into a bed of sodden vegetation, seething with the ebullition of noxious gases, foul with the odor of distilled effluvia. The whole earth seemed wrapped in a sweat blanket, and man and beast tottered impotently under the spell of this delirium of the elements.

The cholera—that fearful disturber of the equilibrium of established customs—

was a foregone conclusion. It came like an invisible army, in serried ranks the width of three counties; so compactly dressed to the right and left that scarcely a man, woman, or child could creep between. Suddenly, without warning, old men, men in their prime, the priest in the pulpit, the judge on the bench, the rich and the poor alike, were struck down as if by some infernal demon, without one chance of defence. So fast, so furiously did it slay that there were scarce left enough alive to bury the dead.

When nearly everybody is ill and the rest are panic-stricken the choice of doctors goes by the board, and Carey's services were now everywhere in demand. Up to this time he had administered to nine of the plague's victims, and as he hastened through the streets, medicine case in hand, to respond to the call of another, he was not feeling exactly as a man might feel who had done great service for his fellows, nor had he now as much faith in the contents of his vials as he had when they made up the rows of vari-colored essences upon the shelves of the analytical laboratory. He was reviewing in his mind the etiology of cholera as laid down by Hughes in his thousand and one pages of theory and practice, and he could not see that he had deviated one iota from Hughes' theory or from Hughes' practice. He had administered to each of his patients the regulation dose of opium—sometimes the crude drug in a capsule, sometimes its alkaloid by means of a hypodermic syringe. In every case the result was the same—death. However, he had the satisfaction of knowing that his patients had died easily; they had not experienced the long, drawn-out throes of agony felt by those victims who had not taken opium. And the older physicians had done no better.

It was not long until his tenth patient died, and then the eleventh. It was here that Carey's conscience began to respond to the cold, hard facts which stared him in the face, look where he might.

At last Carey had reached the brambles which littered the top of the hill. But he had come there over the smooth road and had not come prepared for the tearing which his pride got. He became, for once, despondent. The friends who passed him

in the street on their missions of mercy believed he did not see them. His clear, blue eyes sought the ground when some old familiar step was heard behind him, and his hasty "good day" was become a muffled greeting which lost its candor in the earth.

In the beginning of the epidemic Mabel Ayre had gone to an adjoining county, where she daily wrote letters to Carey warning him against overwork and neglect of his own health. When he reached his office that night he read a letter just received from her in which she stated that she had been ill for a day, and seemed to be getting worse. Carey read "cholera" between the lines, and as fast as a good horse could carry him he hastened to his affianced. His interpretation of the letter was only too true, and he had scarce time in which to receive her last caresses when death claimed her.

Sitting upon the side of his cot that night, himself warned that the plague was in his veins, Carey took from his pocket a hypodermic syringe—the same with which he had failed utterly to conquer the cholera, and, holding it up, the point before his face, he uttered this soliloquy:

"The study of man physically is too profound for my comprehension. I was born to administer to his likes and dislikes, not to his bodily ills. A good figure and a handsome face do not make a learned man. Theories, which read so well in print, are not practical weapons with which to engage disease. And, indeed, I am constrained to believe that the science of medicine is not a science at all. It seems but yesterday that I looked to it for emoluments and glory. To-day I can see naught but bankruptcy and shame, and, thank God, my twelve beneath the sod may soon become a baker's dozen."

He then filled the syringe with a solution of morphine. When about to inject this into his arm a spasm of pain overcame him, and, crying, "No! no! I, at least, may die without the aid of drugs," he fell upon his couch unconscious.

Atonic Dyspepsia.

Dr. E. G. Frisbie, San Francisco, Cal., says Seng has given me better results in atonic dyspepsia than any remedy I have ever employed.

[Written for the MEDICAL BRIEF.]
Oil Treatment for Appendicitis.

JAMES W. PARKER, M. D.,
 Peoria, Ill.

In the September BRIEF, page 1369, Dr. G. F. Brooks, Concepcion, Mex., asks for the treatment of appendicitis by oil. The method is that of M. O. Terry, M. D., ex-Surgeon-General of New York, Utica, N. Y., and here it is: Of the sixty-two cases which have come under my personal observation, two only underwent the operative procedure. All recovered. Acute cases will respond to treatment, showing gratifying improvement within a few hours. Chronic relapsing, with sudden acute recurrence, will not yield so readily. The temperature may continue above normal for thirty days. It will have a range in the recurrent cases of from 100° to 102° for about twenty days. Then it will have about 99½° for about one week longer before remaining on the normal line * * *

The principles involved in the treatment of appendicitis by the non-operative plan are as follows: Catharsis, colon or high enema, fomentations with flaxseed poultices, and applications of hot sweet oil, the prolonged use of sweet oil taken internally and a pultaceous diet.

It really does not matter what cathartics are used so long as the surgeon accomplishes the results. My experience has led me to use, whenever possible, castor oil and sweet oil combined. The former is cathartic, the latter is soothing and relaxing to a congested mucous membrane, including the entire bowel tissue. The dose of the former is from an ounce to an ounce and a half. Of the latter I give double the quantity of the former. The sweet oil should be continued in doses of from one ounce to a wineglassful, followed by a glass of hot water, repeating the same every three or six hours, according to degree of soreness and pain. If the patient cannot take the oil, and if none of the mineral waters will produce the desired result, give from five to ten grains of calomel with three times as much bicarbonate of soda dissolved in a glass of hot water, repeating every three hours until the desired results are obtained. I have never given more than twenty grains, at

the same time using the hot fomentations and hot sweet oil locally. Enemas must be given without delay. At times I use three or four ounces of glycerine, followed by soap and water. Then, again, I use from half a pint to a pint of sweet oil, followed by the enema. I always try to send the oil up as far as the ileo-cecal valve for its relaxing effects, for this will assist in relieving pain.

It will be well in severe cases to place your patient in the Trendelenburg position. Sometimes it will be best to use the knee-chest position. So long as there is any sensitive condition in the region of the appendix I continue the sweet oil, giving about half an ounce to a glass of hot water half an hour before meals three times a day. The diet should be of strained oatmeal gruel, milk, with salt or peptonized, and a free allowance of water.

Does recurrence ever follow this treatment? Yes; through neglect. * * * This is also true of operative treatment, for otherwise why do cases return to the hospital for an operation after the appendix has been removed?

It has not been necessary to operate on any of the cases which have come under my notice in the acute stages, or in the recurrent stages, owing to the fact that I have been particular to instruct each of my patients in detail as to the importance of attending to his case properly.

Appendicitis maxims:

1.—Remember that constipation and irregularity of the bowels are the factors to be considered, and that diarrhea is simply an effort on the part of nature to relieve impaction, congestion and inflammation.

2.—That cathartic medicine in some form should be administered at once, but that half an ounce of castor oil and twice that quantity of sweet oil is to be preferred, followed immediately by a glass of hot water, which dose is to be repeated in three hours unless a thorough evacuation has been induced.

3.—That the condition of the bowels desired is a stool free from hard lumps and yellow in character.

4.—That morphine or opiates in any form should never be given in any state of the difficulty, as it smothers symptoms and arrests the peristalsis of the bowels,

a condition found in impaction, which at times nature tries to relieve by diarrhea.

5.—That for pain, speedy relief is obtained by repeated hot flaxseed poultices, covered with hot sweet oil, or the oil may first be applied to the abdomen. Also, that enemas of soap and water, or bicarbonate of soda, in the proportion of a teaspoonful to a quart of water, preceded by six or eight ounces of sweet oil, will prove of marked value. At times half a pint of sweet oil thrown up by the colon tube and allowed to remain from three to six hours will aid in reducing the inflammation and assuage the suffering.

6.—That in sharp attacks the high or colon enema should be given, and at times the patient should be placed in the Trendelenburg or knee-chest position.

7.—That glycerine and water, in the proportion of one to four, is to be used at times to dissolve impaction.

8.—That food in acute attacks should be omitted and only water allowed, and that freely. Later, oatmeal gruel strained, milk peptonized, mutton or chicken broth with strained rice gruel.

9.—All of the above suggestions should be carried out as indicated, vigorously, systematically and perseveringly.

10.—The remedies used throughout, as indicated are: Aconite, veratrum viride, belladonna, bryonia, phenacetin, calomel and soda, pulsatilla and arsenicum. Tinctures are given in doses graded to the inflammation and idiosyncrasy of the patient in hand.

11.—The calomel is given for two purposes in conjunction with the soda: (a) For cathartic effect when the castor oil cannot be taken. It will be necessary in these cases to give from two and a half grains, with three times the amount of soda, followed by a glass of hot water, to five and occasionally ten grains.

12.—(b) For chronic recurrent appendicitis, with marked thickening, and plastic exudate into the surrounding tissues.

13.—If you ask when to operate, I advise following the indicated line of rational surgery.

If the quick pulse and pain do not subside speedily, or show improvement within a few hours, it will be good surgery to operate—if the patient will allow you to

do so. If he does not, continue the "oil treatment" vigorously.

14.—The easily diagnosed pus case requires speedy surgical attention.

15.—That half an ounce of sweet oil, followed by a glass of hot water, taken half an hour before meals, should be continued until pain or soreness ceases, which may be three months. As improvement ensues take two doses a day, and finally, one.

I have the highest opinion of the professional ability, candor and integrity of Dr. Terry, and so far as I know, he has the entire credit for the "oil treatment" of appendicitis. I have used this treatment, somewhat modified, in twenty-eight consecutive cases, with no loss and no operation. I open the case with five or ten grains of calomel, with about thirty grains of bicarbonate of soda, and in three hours follow with one-half or one ounce of magnesium sulphate or two to four drachms Rochelle salts, followed with a big drink of hot water. This to be repeated in three to six hours, if thought best, using the oil and fomentations just as is recommended by Dr. Terry, and giving about two drops each tincture aconite and belladonna and five to ten drops tincture bryonia in water every two hours. This has to be varied a little for obvious reasons.

[Written for the MEDICAL BRIEF.]

Liberality.

BY J. S. LEACHMAN, M. D.,
Maysville, Ark.

Human nature is an interesting study. We have some people who seem to think that what they possess is a little better than any one's else—larger, better, purer, in fact, better in every respect. Their geese seem to become magnified in size to that of swans. These folks wonder that other people do not see in the same way that they do, and because they do not, even get angry about it. Then we have another class that does not possess anything, yet, to hear them talk, you would be led to think that they owned the earth. They speak of everything as our's. If they are employed by any one they soon own everything and very frequently want to control the whole business. It is all our's, with

that class, and, as a general thing, it is to their own detriment.

Then we have a class that boast about our's, but they have a limit to it, that they carefully watch, for fear they might get over a certain imaginary line they have fixed in their minds, and this, they think, would never do, under any circumstances, as everything outside is wrong, but every thing inside is right. Why, sir, they will tell you, "our church, our political party," and if a medical man (of this class), our school is inside of this great boundary line that separates the good from the bad, the pure from the impure. Inside is all right, but do not get over the line. In case you should get outside by chance, as soon as you awaken to the fact, get back and shake the dust off of your feet or you are doomed to destruction. You see, it takes our church to save the world, our political party to save the nation, our school of medicine to heal the sick. We are right, everybody else is wrong, and everything must be done in a certain orthodox manner, or it will not do; it is wrong. When we come to find out the reasons why they are so orthodox, perhaps it is about like one told me not long since. That his father belonged to a certain church, a certain political party, and also was a stern advocate of the dominate school of medicine, and he also said that his mother was a sweet, Christian lady (which I do not dispute), and it would be impossible for him to go back on his father's church or his father's party, and that he was an allopath and believed in the old allopathic treatment of his father's day. Where is the progress in this, and what shall we call such individuals but "daddy did's?" They wrap the mantle of the fathers around themselves and say, let us alone. Let us rest in peace; but watch out. If you are liberal, they will give you the very devil whenever they can. This class of men never think for themselves, but take everything second-handed as handed down to them by their minister, their political leaders, and their school of medicine.

The writer well remembers of once locating in a little village and there were two other physicians there, both undergraduates, yet they talked to the laity of their school, medical ethics, etc. One day a citizen of the place said to me, while in

conversation: "They say that you are a homeopathic physician (meaning the other doctors)." My answer to the gentleman was: "I graduated in the regular school of medicine years ago, but in my library you can find allopathic books and journals, homeopathic books and journals, eclectic books and journals; also physio-medic books, biochemic books, books and journals on suggestive therapeutics, a few other books, and the Bible. Grand and good lessons to be learned from all of them. I am not here to fight schools, as I have not time, besides, we have good, liberal men in all schools.

I further say, that I take no time in fighting churches. It is true, that when a boy the orthodox ministry used to scare me nearly to death and make me believe I was lost; but, then, I began to wonder where they got their authority, and, as I supposed, it must be the Bible I went to reading it and soon became reconciled on that point, as I found the Bible said Jesus Christ came to save that which was lost, and I believe he will fill his mission. If he does not, I can not help it. When a boy I found out that a very sick person could be saved outside of regular medicine (orthodox medicine), and it led me to believe that a person's soul might be saved outside of orthodox religion. I will now illustrate: I was taken with bilious colic and I thought, and I suppose everybody else thought, I would die. Had a doctor, and he could not relieve me. I do not know all that he did; but I have a vivid recollection that he burnt my stomach (over region of stomach), with a hot flat-iron till it (the cuticle), was in a crisp. There was an old German lady that heard how bad I was and she came over and wanted to give me some kind of a decoction, but father was afraid and the doctor paid but little attention to her. I wanted some of her tea, as I saw the doctor was not doing me any good. Finally, he reluctantly consented, and I took the tea and began to get easy and soon got quiet and went to sleep. I afterwards found out it was wild yam (dioscorea), and inasmuch as my body was saved outside of orthodox medicine, I think the soul can be saved outside of orthodox religion.

Not long since, a doctor in Louisiana was thrown out of a medical society, be-

cause he had written a few articles for an eclectic medical journal, and had purchased some of Lloyd's spec. medicines and had also been using some of Luyties' Pharmacy Company's homeopathic triturations. A sick person wants to get well and it does not make any difference to him whether it is an alopathic dose or a homeopathic dilution or an eclectic spec. medicine or a proprietary medicine that will cure him, or if it takes a combination of these remedies to do it. That is just what he wants.

The end a physician wants to attain when called to see the sick, is to cure them, and I am sure it should make no difference what kind of medicine it takes to attain the end (cure patient), he should use it, let it be called what it may. I do not believe in sectarianism in anything. I am a non-sectarian in belief from beginning to end. I believe it a duty we owe to ourselves as physicians and also to the public, not to condemn anything till we have patiently investigated it, holding fast to that which proves good. There should be more liberality in the medical profession.

It is a matter of impossibility for us to know too much about *materia medica* and therapeutics — dual action of medicines, and it matters not where we find this out (from what school), so we know how to apply our remedies safely and effectually. Let us be more liberal.

[Written for the MEDICAL BRIEF.]

Convulsions After Labor.

BY J. H. BARR, A. B., M. D.,
Mangum, Okla.

In running over my back BRIEFS, I see a subscriber in July, 1900, wants the experience of others in puerperal eclampsia. I am glad that my experience in this dreaded condition has been limited. One case, however, I think of sufficient interest to report.

Mrs. M., aged nineteen, weight one hundred and twenty pounds; previous health good (mother very stout); sent for me just at dark in her first confinement. Found her, seemingly, all right; bowels and kidneys reported all right. Labor in

progress. About nine o'clock she gave birth to a fine girl baby. Labor rather easy. Placenta and membranes delivered. No hemorrhage. Circulation good. Mother jovial. Living only one-half mile from the patient, I was at home and in bed by eleven o'clock. About one o'clock a. m. a runner came for me, saying she was having "some kind of spells." Fearing the "spells" were of a convulsive nature, I hastened back, to find she was having hard convulsions, having already passed through three and was unconscious. Going immediately to prepare a hypodermic I found my only needle was choked and hence could not be used. Of course, this left me "at sea without a rudder." I immediately dispatched a man to the nearest drug store for needles, telling him to bring Dr. Brittan back in case the druggist had no needles. Finding no needles, Dr. B. was called and arrived about four a. m. Dr. B. suggested morphia and I suggested veratrum. Dr. B. objected on the ground that the veratrum might make a sore. Believing a sore preferable to a dead woman, I insisted, and we gave morphia one-quarter grain and veratrum fifteen drops (15 drops) each hypodermically. The morphia was repeated in three hours and the veratrum in six. The morphia again in four hours, but in one-eighth grain dose. Convulsions continued until nine were had, the last being more like a severe chill; became deathly cold and passed into a comatose state; jaws fixed; immovable. In the meantime we had given her repeated hot enemata. The bowels were very hard to move and when moved were found to contain a quantity of grape seed. On inquiry we learned, from patient's mother, that patient had eaten heartily a few days before confinement of "mustang grape" pies. After bowels moved well, patient regained consciousness and made an uninterrupted recovery. No sore.

The veratrum given was not Norwood's.

I waited on this lady in her next confinement and she had no trouble.

Did the grape seed produce the convulsions?

If this gets into print, I shall report a case now on hand of insanity of lactation.

[Written for the MEDICAL BRIEF.]

The Evolution of an Individual.

F. B. BREWER, M. D.

Evanston, Ill.

"God moves in a mysterious way
His wonders to perform."

But always along the line of law and order. When we discover this orderly way we can say we have discovered a law. That is, we see it. If we see a result in Nature, but cannot understand how it was produced, we acknowledge the fact without understanding the truth of it at all. When we understand how it was produced, we can see the truth connected with it, or what produced it. We say this is the law that brought it into existence when the law has not a thing to do with it. It was the power or force behind the law that produced it, and the law tells how it was done. When we say we have discovered God's law, we mean we see His way of doing something.

I will try to illustrate this in the reproduction of one's self. We start from matter, and we are on the basis of the mineral kingdom. There is an accumulation in this kingdom, but no growth. As soon as the power of attraction comes in, and these two cells meet, growth takes place, and matter is raised from the mineral kingdom to the vegetable. It contains all there is in the mineral kingdom, with the addition of growth. About the fifth month God adds the power of feeling or sensation. This power raises it from the vegetable into the animal kingdom. It still holds on to all there is below it, but has added the power of sensation. This belongs to the animal kingdom, for animals feel, vegetables do not. It has now been raised from the vegetable kingdom into the animal by the power of sensation. It holds on to all there is in the vegetable and the mineral kingdoms and God adds to it the power of sensation. Out of sensation comes all there is of the senses. There could be no taste without the sense of feeling. There could be no smell unless particles of the object has been liberated and it comes in contact with the Schneiderian membrane and the feeling is carried through the Schneiderian nerve to the brain. There is a molecular

action of the medium which comes in contact with the optic nerve and through the sense of feeling is carried to the brain and thus the individual becomes conscious of an object through sight. Through a similar action the auditory nerve is affected and sound is conveyed to the brain and the person is again made conscious of an object through feeling by the sense of hearing. So, all the senses are developed through the power of sensation, which God adds to child about the fifth month. At birth God breathes into its nostrils the breath of life and man becomes a living soul. At this time the soul enters the body and the power of consciousness is added, which raises it from the animal kingdom into the human kingdom. He is conscious of hunger, of heat and cold, and of the functions of his little self. He holds on to the power of attraction, sensation, and with the added power of consciousness he begins his development.

The material world is constantly appealing to the senses and, therefore, man develops along the line of sensation or the animal power which has raised him out of the vegetable kingdom into the animal. He takes notice of all that is below him. He can get through the senses a knowledge of the mineral and animal kingdoms. He also is capable of understanding the intricacies of the human body through the power of consciousness, coupled with the power of sensational attraction. He can obtain a knowledge of all below and in his kingdom, but is incapable of reaching what is above him. He must be born again. He has been born through attraction, through sensation, and consciousness, and these give him a knowledge of the mineral, animal, and human kingdoms. But he must be born into the spiritual kingdom. Except you are born of the spirit you can know nothing of the spiritual. You did not know anything of the sensual until you were raised through feeling into the kingdom of the senses. It is the same with the spiritual. You can only get a knowledge of the spiritual through the addition of the power of love. God's love added to the power of attraction, sensation, and consciousness raises us out of the king-

dom of the senses into the kingdom of the spirit. What a wonderful power love is. How it ennobles and enriches manhood. How it raises man out of the low, grovelling power of sensualism into the power of the spirit. How nicely it places him in touch with the Infinite Holy One. This enables us to become one in Him and in one another. There can we behold and comprehend in our surroundings and in one another His oneness and His power. Thus is brought to view the fatherhood of God and the brotherhood of man.

[Written for the MEDICAL BRIEF.]

Appendicitis.

BY R. JONES, M. D.,
Toronto, Ont.

In the Inquiry Department of the MEDICAL BRIEF for September, under the head of "Oil Treatment for Appendicitis," Dr. G. F. Brooks, of Concepcion, Mex., asks for particulars of this treatment, which he is unable to recall.

With permission of the Editor I venture to supply the desired information, as I think it highly important that it should be universally known and used by the medical profession. If it were well understood by all, operations, which are so common, and so frequently of no avail, would be the exception, and recoveries far more general than they are. This treatment is applicable to both *acute* and *chronic recurring* cases as well, ninety per cent of which I think are curable without operation.

In acute cases, with severe pain and great tenderness in and about the appendix and cecum, I would at first give a hypodermatic injection of morph. sulph., one-fourth grain to one-half grain, with atropia sulph., one two-hundredth grain to one one-hundred-and-fiftieth grain, to be repeated in a reasonable time, if found necessary. At the same time I would apply over the painful region hot turpentine stupes, or large hot linseed meal poultices, well oiled, changing them frequently to keep up the heat—heat being a pain reliever of no mean efficiency. As soon as the pain and tenderness are somewhat reduced, I would move the

bowels by means of a copious enema of glycerine, or one or two glycerine suppositories. Having thus secured a good movement, and a further mitigation of pain and tenderness, I would then venture to administer about two ounces of equal parts of castor oil and best olive oil, and follow this with frequent draughts of hot water until another free movement of the bowels is secured. This having been accomplished, it is more than likely that nothing more of the nature of an anodyne would be required.

The enema or suppository of glycerine I consider a very important part of the treatment, on account of its powerful hygroscopic effect at and near the point of contact with the mucous membrane. It also tends to induce contraction, and reduction in the caliber of the appendix, and probably of all the pelvic viscera. In this way expulsive efforts are caused on the part, not only of the large intestine, but the appendix as well, and the entire contents of these parts of the alimentary canal are usually promptly discharged. But what these enemas or suppositories fail to do will almost certainly be safely accomplished by a liberal dose or two of the oils above mentioned.

The power of glycerine to induce contraction in hollow or tubular organs in the vicinity of its application to mucous membranes may be observed in the uterus. When a glycerine enema or suppository is introduced into the rectum, its influence, not only on the rectum, but on the uterus, will be manifest in a few minutes by a vigorous contraction of that organ. *En passant*, an excellent plan for hastening a tardy labor, where there is an atonic condition of the uterus, and the patient is anxious for a speedy delivery, is a resort to glycerine suppositories or enemas.

To resume: the turpentine stupes, or the oiled linseed poultices, should be continued until all pain and tenderness have subsided, when a warm flannel bandage may be substituted and worn for some time. The diet should be confined to light nourishing and easily digested articles of food. To prevent a return of the malady a tablespoonful of the best olive oil followed by a glass of hot water, should be taken before each meal, and

continued for several weeks. In case of any symptoms of an actual recurrence of the trouble at any time, resume the glycerine and oil part of the treatment, but not the morphia, etc., unless there should be great pain and tenderness, and keep up the oil and hot water part of it as before, so long as there seems to be any indication for it.

Some physicians prefer liberal and frequent doses of magnes. sulph. on account of its exosmotic action, but I think the lubricating effect of the oil is equally or more beneficial in most cases, as it prevents friction of inflamed surfaces, and therefore relieves irritation and further inflammation of the mucous membrane during the progress of resolution of the primary trouble.

Calcium Sulphide as a Therapeutical Agent.

BY C. W. CANAN, M. D., B. S.,
Orkney Springs, Va.

Within the last year there has been much discussion in many of the medical journals on calcium sulphide. This discussion has been among men whom we believe to be well up in their profession, and it is rather amusing to follow this debate at times. Many physicians are still claiming laurels for calcium sulphide in new directions and consider it an absolute necessity in carbuncle, boils, etc. Others condemn its use in every other disease except carbuncle, and a few get no results, even in this disease, from its use, and have discarded it altogether. Why such a wide difference of opinion among men of equal ability? We believe that we can explain the cause. Calcium sulphide is one of many drugs that is seldom found chemically pure on the market. Again, it is seldom, indeed, to find two samples of this product that are identical in strength. In fact, I have never received two packages having the same strength when orders were made from different houses; and it is even hard to secure this drug of the same strength from the same house, when orders are made far apart.

The physician should make it a point to order all drugs, and this one especially, from houses who will not sell them an in-

ferior article. In fact, the U. S. P. should lay down a standard of uniform strength for this product, and each manufacturer should not be allowed to place this product on the market unless its strength conforms to said standard.

I have been, over and over, convinced of the absolute worthlessness of this drug as furnished by some houses. I now buy from reliable houses, and at the same time caution them not to ship any but the best, and I can not complain. I have prescribed calcium sulphide for years, and during this time I do not remember of an absolute failure when a good article was used. During our early practice we only prescribed it in carbuncles and boils; now, we find it hard to excel in threatened suppuration of the throat and tonsils. Take a case of tonsillitis, where the tonsils are terribly swollen and suppuration pending; give calcium sulphide and press it to the point of saturation and the case improves rapidly and escapes the lance. Many of the complications about the throat and tonsils that occur as sequelæ of scarlet fever, measles, whooping cough, and diphtheria can be aborted, or at least the attack can be shortened and much suffering prevented.

Again, we have found it valuable in that troublesome disease, otitis media, to hasten the cure. Chronic middle ear trouble can be greatly aided by continued use of calcium sulphide. Gonorrheal discharges, either in male or female, are greatly benefited by a thorough course of this remedy. In gonorrheal rheumatism or other sequelæ caused by gonococcus poison, this product exerts a decided benefit.

In furuncles, boils, and pustular forms of acne, calcium sulphide, in our hands, has been a most excellent remedy. In abscess, lung, and pleuritic effusion it is also indicated. We must not omit that we have also found calcium sulphide a remedy of the first rank in all infectious and contagious diseases.

I might name a great many more diseases in which it is indicated, but it is especially so in those we have called attention to, and we are sorry to see such an excellent therapeutical agent fall into disuse. We would say to those who have failed to get results, when prescribing calcium sulphide, to secure a good article and administer it in full doses, then write us.

[Written for the MEDICAL BRIEF.]

Ethical Breeches.BY J. S. MARSHALL, M. D.,
Blossom, Texas.

There's no denying that there are tricks in all the trades and professions, and the medical profession does not prove an exception to this assertion. I do not argue the total depravity of the medical profession or anything bordering upon it, but I do know that there is room for considerable improvement in our practice of the code of ethics. Figuratively speaking, I think that we need to purge as well as to push just now. I have no personal grievances to air. My object in writing this article is to try to start a discussion on this subject with the hope that some good may come of it.

No one has a monopoly of all the little meannesses. Some merely can not get their consent to practice them. A self-respecting physician will not descend to some planes to make a fight.

So far as the laity is concerned they mean to do right for the most part, but occasionally some of them will become so infatuated with their favorite doctor that they can not do any of the others simple justice. There are a great many things pertaining to the practice of medicine that they do not understand, and as a result they sometimes allow themselves to be made tools of.

Some doctors will say that every physician is supposed to be able to take care of himself. But who can contend with liars? One can not always divine what they are going to say and they do not always require even the slightest foundation to build upon.

There are some objectionable methods that obtain in the practice of medicine that I think can best be combatted by being exposed. I will mention a few. First, the evasion of a uniform system of charges. It not infrequently happens that the most popular physician in a community is the one that pays the least attention to a uniform system of charges. A doctor with a very little ingenuity and a great deal of rascality can always find means to evade. These doctors will agree

to charge a given rate and will actually charge it, and if they are accused of cutting prices they will produce their books with a flourish to show that they have adhered to the system. But thereby hangs a tale. They fail to try to collect all that they charge. Some will give rebates, presents, etc., or allow their accounts to gradually run out of date and then have their friends talk it around about their being so lenient. If these fellows are finally cornered and caught they will say that their charges are an individual matter and concerns themselves alone.

Second, the unfair advantages that some doctors take in consultations. Even when both doctors are disposed to act honorably consultations are a delicate matter, but it is possible for two doctors to meet in consultation and neither one be compromised. Some doctors when they are called in as a consultant seem to think more of producing an effect upon the family and neighbors than they do upon the sick person. Sometimes a consultant will agree to the line of treatment that the attending physician has the patient on, but by some invidious remark, or in some covert manner, convey the idea to the family and neighbors that they do not endorse everything. They will do a great deal of "talking to the galleries." Their loud tones, I will tell you (during a conversation that is supposed to be private), reverberate in the distance, trying to create the impression with eavesdroppers that they are the "real thing" in the consultation. Sometimes when they are called in they will say that they were not called in soon enough, if the patient's disease does not progress favorably. Of course, they are always "soon enough" if the patient gets well. They are perfectly willing to claim a victory, but are not willing to share defeat.

The young physician, quoting his professors and text-books, is no more of a bore than some assertive, self-opinionated old mossback with his favorite patronizing expression of "During my forty-five years' experience I have found," etc. The balance is familiar; you have all met him.

Of course, doctors are not always responsible for the actions of some of their

friends, but there are times in every doctor's practice that he will recognize the earmarks of some of his competitors by things that some of their patrons say. People, otherwise very ignorant about medicine, will evince a remarkable knowledge about etiology, symptomatology, pathology, etc., where their doctor has not been engaged, which is faintly suspicious and suggestive.

Some meddlesome people in a neighborhood will make it a point to visit all the sick and to try to dissatisfy the people with every other doctor except their own. Occasionally some sorry wretch in a neighborhood will call a doctor in purposely to get him in a position to compromise him. They will do this in the interest of their favorite. To illustrate: Such a party will be hopelessly indebted to some doctor and as they do not pay him any money, they know that they have to discharge their obligation in some way in order to get him to continue to do their practice. So they will call in another doctor at the beginning, and after a short time they will pretend to become dissatisfied and will insist upon their favorite being called in as a consultant, if they do not replace the new man with him altogether.

Sometimes a physician will find himself in a very embarrassing position. He may see that he is about to have a bug placed upon him, but to save his reputation, he can do no more than to locate the insect and remove him at some more propitious time.

One of the authors has said that we are prone to shut our eyes to painful truths. If there is any rottenness in the profession that needs exposure, let's show it up. Turn on the search-light. I would like for the subscribers of the BRIEF to tell what they know pertaining to the black arts in the field of medicine.

Uric Acid Diathesis.

Dr. W. B. Gray, Richmond, Va., has a long and successful record in the treatment of disorders due to uric acid diathesis, such as cystitis, diabetes, Bright's disease, rheumatism, acid indigestion, etc., with Lithiated Hydrangea. He pronounces it a potent remedy wherever uric acid is to be combated.

[Written for the MEDICAL BRIEF.]

Report of Case of Oroupous Pneumonia.

G. W. GARRISON, M. D.,

Utica, Ohio.

Florence Buxton, aged six years, was taken with rigor evening of May 29. Was more or less restless during the night. I was called at four A. M., May 30. Found little patient suffering great pain, referred to lower left side of chest. Difficult breathing, anxious expression of her face. Parents thought that the child had fallen and ruptured herself or hurt a rib. Breathing, eighty per minute. Pulse, one hundred. On examination subjectively, I detected a case of pneumonia in its initial stage. Gave her

R. Brom. Potass.....1 drachm.
Rochelle Salts.....3 drachms.
Bitart. Potass.....3 drachms.
Aqua, q. s ad.....2 ounces.

M. Sig.: Teaspoonful every hour.

Topically applied hot fomentations to left side of chest. Returned at ten A. M. Pulse, one hundred and thirty-two. Respiration, one hundred. Breathing very labored, with great pain. Gave hypodermically heroin one-twelfth grain, and Norwood's tinct. veratrum viride, three drops every hour. Continued fomentations. Six P. M. called again. Pulse one hundred; respiration, eighty. Pain and restlessness abated. Continued veratrum viride, two drops every hour. Hot fomentations also. Ten P. M. called again. Pulse, eighty-eight; respiration, seventy-two. Patient vomited about nine P. M. Discontinued veratrum viride. Gave bromide, rochelle salts and cream tartar solution, as at first, one teaspoonful every two hours.

May 31 called at five A. M. Pulse, eighty; respiration, seventy-two. Some pain in left side. Rested fairly well during night. Gave

R Carb. Ammonia Pulv..... 8 grains.
Hydrarg. Sub. Mur..... ¼ grain.
Lactose..... 8 grain.
Mur. Heroin..... 1½ grain.

M. Sig.: A powder similar to this every hour.

Continued fomentations.

Called at eleven A. M. Pulse, one hundred and twenty; respiration, eighty. Suffering with great pain in left side. Considerable cough and expectorating

prune juice mucus or brick dust expectoration. Symptoms alarming. Gave veratrum viride, three drops, in a powder similar to above prescription every hour. Liquid alimentation to-wit., egg-nog after each dose of medicine. Continued fomentations.

Called at nine P. M. Pulse, seventy-two; respiration, sixty. Pain abated. Vomited once. Gave

R Tinct. Digitalis.....2 drops.
Tinct. Belladonna.....1 drop.

M. Sig.: Every hour with egg-nog.

Continued hot fomentations.

Rust colored sputum in abundance.

June 1, five A. M. Pulse, one hundred and twenty; respiration, eighty. Considerable cough. Brick dust expectoration. Gave veratrum viride, three drops, every hour, with carb. ammonia, calomel and heroin as indicated before, every hour. Noon hour, pulse, eighty; respiration, sixty. Vomited. Left lung posteriorly hepatized. Bronchial breathing quite perceptible. Gave carb. ammonia, heroin and calomel, as before, every two hours. Milk punch. Patient complains of great pain in left side, if raised up from pillow. Nine P. M., pulse, eighty; respiration, forty-five. Bronchial breathing throughout left lung. Gave same powder as before. Continued milk punch and hot fomentations.

June 2, six A. M. Pulse, one hundred; respiration, forty-four. Ordered an enema at nine A. M. Gave

R Carb. Ammoniae Pulv.....5 grains.
Atropine Sulph. Pulv..... $\frac{1}{16}$ grain.
Heroin Mur. Pulv..... $\frac{1}{16}$ grain.

M. Sig.: A powder similar to this one every two hours.

Continued milk punch. Hot fomentations. Noon hour, pulse, one hundred; respiration, eighty. Patient restless and hot. Gave veratrum viride, three drops, every hour. Discontinued powder. Four P. M. Pulse, eighty; respiration, forty. Coughing incessantly. Gave

R Heroin Mur..... $\frac{1}{16}$ grain.
Carb. Ammoniae.....5 grains.
Lactose.....3 grains.

M. Sig.: One similar every hour.

Bowels moved with an enema at two P. M. At nine P. M., pulse, eighty; respiration, forty. Patient quiet and disposed to sleep. Gave for night

R Hydrarg. Sub. Mur..... $\frac{1}{4}$ grain.
Heroin Mur..... $\frac{1}{16}$ grain.
Lactose.....3 grains.

M. Sig.: One similar every two hours.

Continued hot fomentations and milk punch.

June 3, six A. M. Pulse, one hundred and twenty; respiration, fifty. Patient looks bright. Bronchial breathing throughout left lung. Gave

R Hydrarg. Sub. Mur..... $\frac{1}{4}$ grain.
Heroin Mur..... $\frac{1}{16}$ grain.
Lactose.....3 grains.

M. Sig.: One similar every two hours.

Continued milk punch. Applied tinct. iodine all over left lung on outside. Wrapped the child snugly around in cotton batting, secured by three straps to hold it securely, etc.

Noon hour, pulse, one hundred and twenty; respiration, forty-eight; temperature, one hundred and three. Left lung hepatized. First time was able to take temperature. Continued heroin and calomel treatment, as before.

Nine P. M. Pulse, one hundred and twenty; respiration, forty-four; temperature, one hundred and two. Bowels moved four times since last call. Gave elix. calisaya bark, pyrophos. iron and strychn., one teaspoonful every two hours. Continued milk punch.

June 4, six A. M. Pulse, one hundred and twenty; respiration, thirty-two; temperature, one hundred. Bowels moved six times during night. Gave heroin mur., one-twenty-fourth grain, hypodermically. Continued elixir as before, with milk punch.

Noon hour. Pulse, ninety-six; respiration, thirty-two; temperature, one hundred. Continued elixir every two hours, and milk punch. Bowels moved four times since six A. M.

Nine P. M. Pulse, one hundred; temperature, one hundred; respiration, thirty-two. Continued elixir and gave heroin, one-fortieth grain. Bowels moved six times since noon call.

June 5 6 A. M. Pulse, one hundred; temperature, ninety-nine and one-half; respiration, thirty. Diarrhea rather obstinate to check. Some six stools since nine P. M. Continued elixir with milk punch. Lung clearing up at lower anterior lobe of left lung. Some cough, but no rusty colored sputa. Gave heroin, one-twenty-fourth grain, by mouth.

Noon hour. Pulse, one hundred; respiration, twenty-eight; temperature, one hundred and one. Continued elixir.

Gave plumb. acetas., five grains, to check diarrhea.

Nine P. M. Bowels moved but once since noon hour. Continued elixir and nutritious liquid diet. Pulse, one hundred; respiration, twenty-four; temperature, ninety-nine.

June 6, six A. M. Pulse, one hundred; temperature, ninety-nine and one-half; respiration, twenty-four. Everything favorable. Continued elixir and nourishing liquid diet.

June 6, nine P. M. Pulse, one hundred and ten; respiration, twenty-four; temperature, ninety-nine. Continued elixir and nutritious diet.

June 7, nine A. M. Pulse, one hundred; respiration, twenty-four; temperature, ninety-eight and one-half. Slept well during night. Sitting up in easy chair. Lung cleared up almost entirely. Convalescent. Continued elixir every three hours.

June 8, dismissed. Pulse, ninety; respiration, twenty-two; temperature, ninety-eight and one-half. Slept well, etc.

I will observe that the tinct. veratrum was the great desideratum as an antipyretic. Each time, it will be observed, I pushed it until vomiting, then discontinued it. Also heroin is of equal importance as a pain reliever. Tinct. iodine with cotton batting surely hastens absorption of the exudate within the left lung. A more active case I never witnessed, and at the same time I never saw a case so amenable to treatment. I did not use any cold, on contrary hot, applications. Nor did I use any of the coal tar derivatives. All praise to veratrum, good nursing and supportive measures, etc.

Local Sepsis

C. E. Francis, D. D. S., M. D. S., New York, says: The more I use Listerine the better I like it, and this I report after prolonged trial. It is excellent to apply to diseased gums, and for bathing cavities. In a recent case of incipient tonsillitis, a spray of Listerine worked like magic. In a case of abscess of the ear, which for several months had been treated with injections of carbolic acid, borate of soda and chlorinated soda, with scarcely any benefit, a few injections of Listerine dissipated the trouble in a brief time.

[Written for the MEDICAL BRIEF.]

Oil Treatment of Appendicitis.

BY J. J. KNOTT, M. D.,
Atlanta, Ga.

I noticed in September BRIEF a query from Dr. G. F. Brooks, of Concepcion, Mex., asking for information in regard to the use of oil in the treatment of appendicitis. Being the originator, so far as I know, of this method, I send you an outline of the treatment as employed by me for upwards of forty years, or directly after I commenced the practice of medicine in 1859.

What suggested this mode of treatment was the conclusion I came to in regard to the function of this organ, viz., that it secreted a mucus, the purpose of which was to lubricate the *cul de sac* of the ascending colon, including the ilio-cecal valve. Should the irritation from hardened fecal matter, or other causes, be so great as to arrest this secretion, we have what is known as appendicitis, which, in my judgment, is a misnomer, as the catarrhal condition may be in the cecum proper or confined alone to the ilio-cecal valve. Of course, the inflammatory condition is likely to extend to the appendix by continuity of tissue, as this organ is the same in structure.

Now, with the view of supplying an artificial lubricant, I administer the solid oil in from one to two tablespoonfuls every two hours, with a little lemon or lime juice added to render it more palatable. The physician need not restrict himself to above dose, but may administer more freely as his judgment may suggest. In addition to this I apply turpentine stupes over the parts continuously until the pain is relieved, which requires from one to two days. I now administer a saline cathartic, preferably the sol. citrate of magnesia, until the bowels are thoroughly washed out. When the pain is severe, control with an opiate.

Since the cutting members have forged to the front there has been great stress laid on the formation of an abscess, calling, in their opinion, for surgical interference. According to my experience this is not justifiable, as I have found that if

left to nature, provided the patient is in a fairly good physical condition, she will throw up a barrier in the way of a plastic exudation, which will protect the general peritoneum from the pus, until it seeks an outlet through the colon, or if the abscess shows a marked prominence we can evacuate the same with the aspirator under the above method. I have had uniform success in the treatment of the disease under consideration.

Should the turpentine stupes aggravate the pains in the parts and the patient have a moderately high temperature it will be proof that suppuration has taken place.

[Written for the MEDICAL BRIEF.]

How Did This Happen?

BY DR. PENNEBAKER AND TRIPP,
Pleasant Hill, Ky.

Inquiry Department, March BRIEF, 1901. —The striking character of Dr. Kelly's query, and the answer of the Editor *expressis verbis*, might be thought to be sufficient. But in turning over old pages of the Louisville *Medical News*, the following report was discovered and is here summarized, if considered in order by the Editor:

"A Voice from the Womb." * * * The lady, continued the doctor, moved in the humbler walks of life. * * * Soon the membranes broke, flooding the bed. Before their rupture, and immediately after the diagnosis of the presentation by digital examination, and while the head was yet engaged in the superior strait, *the child made two distinct audible screams that could be heard in any part of the room.* * * * During the space of an hour or more the child had *several spells of crying*, the same as was heard at first, the tone and voice being unmistakably that of a child. I made little or no further attempts for one or two hours, satisfied that there was no danger in the case. During this apparent lull the pains did not entirely cease, and generally following each one, *the child would cry as before.* * * * The next day I took occasion to investigate her fully relative

to the curious phenomenon. She told me "*the child first commenced crying four weeks before it was born, and kept it up at intervals until its birth, since when it has not cried at all.*" This lady went four weeks beyond her regular time; that at the proper period for the birth of the child it commenced crying and kicking. * * * This case was reported in the *Michigan Medical News* by Dr. A. Harlow, of Detroit.

Credat Judæus Appello! The comments of the editor of the Louisville *Medical News* is hereby appended: "After long and careful introspection and recollection we can recall only one case like Dr. Harlow's. In a very old book that we once read, the name of which escapes us, it is told that Joseph, the betrothed of Mary, was walking with her one day in a garden, when Mary craved after some cherries growing upon the topmost bough of a tree and asked Joseph to gather them for her. In rude language, and with a coarse comment, he flatly refused, whereupon the infant in her womb spoke, commanding the tree to bow down. The tree instantly obeyed, and Mary gathered and ate the coveted fruit. These two stories are equally probable. To the credulous they are miracles. The uncharitable give them a harsher name. For a child to make a vocal sound in the uterus is a physical impossibility. Physical impossibilities do not occur."

[Written for the MEDICAL BRIEF.]

Koch's March.

BY C. B. FERRELL, M. D.,
Columbus, Ohio.

Keep up the good fight. Sero-therapy, with its adjuncts, is tottering from its false base. The equine laboratory ~~as~~ on its last legs. Koch has abandoned the tubercle bacillus and is now chasing the mosquito. All advancing science is centering upon screens (door and window). The Anoyholis Quadramaculatis, with the trade-mark upon his wing, is lord of all he surveys. He may yet become the center of gravity. Who knows?

[Written for the MEDICAL BRIEF.]

Hypodermic Medication.BY M. G. PRICE, A. B., M. D.,
Mosheim, Tenn.

God bless the wizard hand that invented the hypodermic syringe. No invention in modern days has had so much of benefit for suffering humanity, and countless thousands will rise up to call him blessed.

It has been about forty years since the introduction of this instrument, and first attempts were very crude, both in instrument and mode of administration. We can lay hands on an early sample which was made with hard rubber barrel and piston with brass fixtures for attaching needle, etc.—a dirty thing that we would be afraid to use for fear of infection, yet it is in use to-day. Of all materials used in their manufacture, glass easily stands pre-eminent; only one objection can be alleged against it, that of fragility, and this has been overcome by enclosing it in a bifenestrated metallic frame. The requirements we would make of a syringe are that it must be so constructed that we can readily see when the air is excluded, when the solution is perfected, how much fluid we have in it, and, above all, we want to know when blood is drawn into it, and last, but not least, we want one that the packing does not dry up and is all the time in an aseptic condition. We saw advertised in the BRIEF and now use a syringe that is built on correct principles and is the ideal in its make-up, having a hollow piston which is filled with carbolized oil, which keeps the packing moist and aseptic, and the needles may be aseptically used by dipping them in the oil in the piston. As you will readily perceive this instrument needs no boiling, as it is kept aseptic automatically, which is indeed a great advantage to one who would keep abreast of the times.

While on the subject we want to offer a few practical hints as to the proper way to do this work. We once saw a doctor give an injection that never went through the integument and caused much needless pain. Make the needle and chosen area aseptic; take into the syringe the amount of solution you wish to use.

Turn up the distal point of the instrument and force out any air that may be in it. Gather up the tissues between the thumb and fingers of the left hand. Do not "pinch!" Avoid veins and arteries. Quickly introduce the needle with a stabbing motion, perpendicularly, not horizontally, full length if the thickness of the tissue will permit. Now, holding the syringe steadily in its place, withdraw the piston somewhat, and if blood flows into it without the instrument and reinsert, for you have punctured an artery or vein. Next gently and slowly force the solution into the subcutaneous tissue.

There are some dangers connected with the hypodermic method of administering medicines. By injection of morphine into a vein or artery we might produce fatal or profound narcosis; by injecting a bubble of air into a vein immediate death can be produced. Dr. Craig gives a test of its occurrence of puncturation of a vein, which, if borne in mind, may prevent serious consequences. It is the instantaneous supervention of a pricking sensation in all parts of the patient's surface. Remembering this fact and making the injection slowly, the needle may be withdrawn before any harm occurs.

[Written for the MEDICAL BRIEF.]

Chronic Malaria.BY A. B. ERWIN, M. D.,
Bangor, Ala.

I wish to state the case of a returned soldier from the Philippine Islands, and ask editorial comment, and also opinions from the readers of the BRIEF. I would be glad to have a letter from any reader that has a suggestion to offer.

In view of the fact that thousands of the soldiers that served in the volunteer army in the Philippines have recently returned to the United States, and many will apply to readers of the BRIEF for treatment, no doubt, I believe the case will be in order for discussion.

From a twenty year subscriber of the BRIEF.

[We refer our readers to the Inquiry Department, this issue, for a statement of the case.—ED.]

[Written for the MEDICAL BRIEF.]

Chronic Gonorrhea and Gleet.

BY J. P. BRANDON, M. D.,

Essex, Mo.

Mr. B. came to me and said he had suffered from this condition for three years and he mentioned a number of well-known physicians of this country, who had treated him, with little benefit. I at once placed him on salol, six-grain doses every three hours, which is a slight diuretic as well as an antiseptic, and in addition to this I gave him an injection, which I regard as one of the best injections used for this trouble.

R Sub-Nit. Bismuth 3 drachms.
 Fl. Ext. Hydrastis 8 drachms
 Kennedy's White Pinus
 Canadensis 2½ drachms.
 Aquae Dest. q. s. ad. 6 ounces.

M. Sig.: Inject three to four times daily.

Have patient to hold injection in the urethra five minutes each time, and when the patient urinates have him to hold the meatus tightly until urethra is full of the urine, which the salol has rendered antiseptic.

I am a reader of the MEDICAL BRIEF, and I mention this treatment because I believe it is worth your trial.

[Written for the MEDICAL BRIEF.]

Eclampsia—An Old Time Case.

BY L. D. MORSE, M. D.,

San Mateo, Cal.

About the year 1848, in the third year of my practice, over fifty years ago, in an Eastern locality, twenty-seven miles from New York City, a boy ten or twelve years old came after me to go and see his sister, Katy Ann, who was very sick at the home of her mother, about two miles distant, and it was a rainy night. I never knew any name for her except Katy Ann. She was a rather simple girl, who worked out among neighbors at house work. I did not know what was the matter with her until I got there and found her in labor. Some man without conscience or fear of God had satisfied his beastly passion upon her and got her into trouble. I had not been in the house more than five minutes before she went into a

terrible convulsion. I could see that the veins of the head and neck were much distended, as though ready to burst. It seemed to me that I must relieve the head of the great blood pressure. There were two women there besides the mother. I told one of them to get something to tie up the arm and something to catch the blood, as I must bleed her. They gave me about a three-quart tin basin to catch blood in, and I let it run until I thought I had a pretty large quantity, and the pulse had gone down a good deal. I bandaged the cut and waited. In about ten minutes the convulsion returned, as bad as ever. I took the compress from the cut and corded the arm again, and the blood spurted from the same orifice again. I took another large quantity and waited again. The convulsion came on again. I could not see anything else that I could do except to bleed more. I let the blood run again until it seemed that I had got the large basin nearly full. She turned white in the face, her pulse was very faint, scarcely to be felt. I was very much afraid that I had bled her to death. I told the women to empty out that blood. I was scared, and if she died I did not want that amount of blood to show against me. I had a four-ounce vial of fine brandy in my satchel. I took that out and mixed about a dessertspoonful with some water. She swallowed it without difficulty. I left the brandy there and told the women to repeat the dose about every fifteen minutes until she revived, and I would go home and get a little sleep, and if there was any change to send me word. I went home and slept about three-quarters of an hour when the boy came after me and said that Katy Ann was a good deal better and they wanted me to go back up there. I never went more cheerfully. I felt relieved. When I got there she knew me and was bright and cheerful. When I first got there she did not know me or anybody else. In about an hour I had her delivered of a nice child. If I had been more experienced I probably would not have been scared.

The relation of this experience may be of benefit to some other young physician. And I do think that vivisection is too much neglected in such cases. There was a woman in this place who died with

eclampsia about two months ago. She had two doctors with her. One of them told me about the case. He said they gave her chloroform and veratrum viride until she turned black in the face and died. I may say that I have not used bleeding in any case of eclampsia since the one I have related. The few cases that I have met with could be relieved by forceps or chloroform. The latter was known at the time of my case, but it was not generally in market.

[Written for the MEDICAL BRIEF.]

Erysipelas.

BY C. WM. WAREAGLE, M. D.,
Marvel, Ark.

I have discovered a new treatment of erysipelas. Had four cases in one week. Treated them all with the same method and succeeded in curing them all.

Benjamin G., erysipelas over the entire face, with a very high fever and a heavy pain in the head.

Paint with tincture iodine twice inside of twenty minutes, then place a plaster over the entire swollen surface, made of the thickness of about one-quarter of an inch, and let it remain twelve hours; then remove and repeat the process for the next twelve hours.

Paint iodine, one-fourth of an ounce, and apply antiphlogistine plaster, at intervals of twelve hours.

Internal purgative. Twelve powders of calomel, combined with podophyllin, one-fourth grain to each powder. Give three powders a day.

Second Case, also in Face and Eyes—Mack G., erysipelas, treated and cured in four days. Same treatment, plus acetanilid, to control fever.

Third Case—Elder R., erysipelas in left hand; bad case. Cured in five days with the above treatment.

Lanced, and painted with tincture iodine, then applied the antiphlogistine plaster over the entire swollen parts. Renew the painting and the plaster every twelve hours for four days.

I find that the antiphlogistine sweats the inflammation and fever out of the swollen parts at once and the pain subsides in six hours. Also give calomel and podophyllin, with acetanilid every two hours, or three doses a day.

phyllin, with acetanilid every two hours, or three doses a day.

Fourth Case—Young John Baker, erysipelas over the entire face and jaws.

Painted with tincture iodine, applied the antiphlogistine plaster every twelve hours, give three doses of calomel and podophyllin every day. Followed this treatment for four days. Also give acetanilid daily as antidote to fever.

[Written for the MEDICAL BRIEF.]

Lead Poisoning.

BY N. C. GUNDER, M. D.,
Columbus, Ohio.

We do not see anything in the journals in regard to the disease to which many painters are subject. Is it because the disease is a rare one or hard to manage by the medical profession? I had a case of lead poisoning to treat. The patient, a painter, followed his trade closely, mixing his own paints. He became disabled, had to lay by and take treatment. Went to large hospital with a big name and good reputation. Was placed under treatment for lead poisoning. Remained under treatment in the hospital for many weeks with but little benefit and not a very hopeful prognosis for his case.

After some careful thought on his condition he returned home, and wished me to investigate his condition, and if I thought I could do him any good, to give him treatment, after I was well satisfied I could cure him.

In due time started him on the sulphates, quinine and strychnine, sulphate of magnesia, dilute acid sulphuric. The man began to improve in a few days, and in ten days the contracted muscles of hands and fingers relaxed, and now he could hold the paint brush again and shave himself as of old. Who has a better or more satisfactory treatment for this very stubborn disease? Rise up and speak.

In the article on "Counter Irritation, in September BRIEF, I think I wrote six by four inches, not sixty-six inches. I think the latter would have been most too long a plaster to put on the man's back.

[Written for the MEDICAL BRIEF.]

Constitutional Rights of Physicians.

BY B. S. TITCOMB, M. D.,
Corning, Cal.

*To the Editor of the MEDICAL BRIEF and
to the Medical Profession of the
United States—Greeting:*

During 1900 the readers of the MEDICAL BRIEF saw Dr. Bayly's articles on the "Constitutional Rights of Physicians," and more recently the doctor has published "The Legal Status of Doctors Everywhere Under the Flag," a book of great ability on the same line of thought. The doctor has a petition to Congress, signed by thousands of the profession, asking Congress to pass an act to free the medical profession in the United States from unjust State legislation. He will present the petition personally and through his numerous acquaintances in Congress. But we believe that we should assist in bearing some of the financial expense of the undertaking, and respectfully ask that physicians and surgeons remit little or much, as best they can, to Dr. J. N. Randall, Decatur, Ill., who will receipt for the same, and when the business is finally accomplished the names and addresses of all contributors, with results, will be acknowledged in the MEDICAL BRIEF. I open the ball by contributing to that important cause five dollars, and send it to the BRIEF for publication. I consider the MEDICAL BRIEF the best journal that has ever been published.

[Written for the MEDICAL BRIEF.]

Medical Laws.

BY L. S. PEARCE, M. D.,
Finger, Miss.

It has been a long time since I wrote an article for the valuable BRIEF. Being engaged in a laborious country practice, I do not find much time for writing, or anything else, but as there is now agitated a very important subject in the BRIEF, it would be an injustice to myself and to the profession to be silent, and not send a helping hand to rid us of one of the greatest curses that has ever been imposed upon our profession.

I refer to the medical State laws that many of our States are cursed with. I have just read Dr. Foster's article in the BRIEF. I think his remedy is a good one to try the constitutionality of the law. I do not think it would stand. I am willing to donate to the fund as he suggested.

I believe in an educated physician, and he ought to be a graduate in medicine, and after he has graduated, let him practice in any part of this Union. An examination before one of our State Boards is not a test of proficiency. There are young men who have graduated and failed several times, and have been forced to practice, and did some good work, but they were not allowed to charge anything for it, or they would have been indicted. Under the law, a poor young man has no chance, whatever his intellect might be, to become a physician. If our legislators would stop this patent medicine business and magnetic healers, and so on, they would do some good to the great masses of the people, and lift the burden off those who have studied day and night, and spent all they had in many cases, for that knowledge to enable them to practice upon a sensible basis.

Brethren, arise in your might, as it has been said in the midst of counsel there is safety, and let this stigma to our great calling be removed.

Eczema.

Ethol exerts a decided influence on eczema, and can be used to advantage in several different conditions. In cases of moist and inflamed lesions, with great soreness and irritation, it may be given in teaspoonful doses; and the more markedly the eruption is purulent the more decided the effect. It may also be used with manifest advantage when the patches are greatly infiltrated and the inflammation is sub-acute in character.—*American Journal of Dermatology and Genito-Urinary Diseases.*

Heart Regulator.

Dr. J. H. Tyndale, Lincoln, Neb., endorses Cactina Pillets as a heart regulator without depressing after-effects in infectious and inflammatory disease, and the safest, most reliable remedy in all disturbances of innervation.

THE MEDICAL BRIEF

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Editorial.

Need of Business Training in the Profession.

General and special progress, the increase of competition and consequent delay and difficulty in getting established in a paying practice, is calling the attention of the average doctor more and more to the study of the business side of medicine.

Unfortunately at medical colleges the practical basis of the professional man's occupation is almost completely ignored. The student's head is filled with theories and fine altruistic ideals, very uplifting to the spirit, but quite inadequate to nour-

ish the body. On graduation day he is exhorted to fix his gaze upon the stars, live a noble and stainless knight, caring only to administer to suffering humanity, with no thought of filthy lucre. Turned loose on the world, he finds it cold, critical, hard, selfish, indifferent because accustomed to see men exact and hold their rights by the strength that is in them.

If the student is so fortunate as to possess by nature business aptitude and sense, he soon adjusts himself to his environment. If not, the physician, however able from the professional point of view, will feel the absence of business principles and business training to the last day of his life.

He will always be behind with his accounts, hampered and kept down by the lack of ready money to buy books, instruments, drugs, pay for post-graduate courses, etc.; always worried by expenses and debts. He will never be able to make the most of his opportunities for the want of proper financial training.

Another thing which stands in the doctor's way is the old, out-grown code of ethics, which forbids him to make use of modern competitive methods. It bids the doctor be content to be lost and forgotten in obscurity rather than let the world know, by advertisement, that he is alive, ready and willing to serve it. It bids him use commercial dope of inferior preparation in lieu of the highly specialized proprietary products of modern pharmaceutical progress.

If the young doctor happens to have sufficient temerity to want a common sense explanation of the position the code places him in, depriving him of independence, initiative and the right to use the best and latest means of combating disease, he must be satisfied with the cabalistic word "ethics," as the youth of the middle ages was constrained to do the most absurd things by the word "honor" in crafty mouths.

Also, the public does not pay so readily for medical services as for the wares of the grocer and shoemaker because the former are not so easily appreciated. Doctors do not give sufficient attention to the study of drug indications and therapeutic measures. The profession is not as practical, as energetic, as self-reliant and self-confi-

dent as it should be. Too many doctors visit their patients in a perfunctory sort of way, prescribe this and that, changing around from one fad to another, showing by their listless, apathetic manner that they have no definite aim or expectation. The bill runs up, the patient gets no better, consultants are called, one after another, they talk the case over learnedly, and the same gamut of fads is run again and again. After so long a time the patient gets out, but naturally enough he feels no enthusiasm or hurry about paying that bill. He doubts whether he got value received.

If the doctor knew just what to do for a man, if the patient had always the comfort of feeling that he was in competent hands, if he began to make perceptible improvement under treatment and got about in a reasonable time, received his bill promptly and was charged a fair price, the physician would get his money without trouble and he would be consulted a great deal oftener than he is.

The time to establish a practice on a paying basis is when you first start out, though it is never too late to mend. It takes courage and firmness, but it pays in the long run. No doctor can be a credit to medicine, or an ethical example, unless he can pay his way and keep abreast of his time. To this end he must be a hard-headed business man, versed in modern competitive methods and not afraid to use them. He must revise most of his notions regarding "suffering humanity," and make his mission a basis of practical action demanding a practical return.

The Pseudo-Scientist's Protest.

The MEDICAL BRIEF, as is well known, stands up for education, religion, science, law, order, individual liberty, and everything that is calculated to be of general benefit and tending toward public improvement, but this does not mean that it stands up for *pseudo-science*.

A lot of scientific bosh is being disseminated nowadays, and the moment some one says *prove it*, or shows up its absurdity, the faddist exclaims: He is not scientific. Logical argument, the demonstration of facts, would be more to the point than invective and personal-

ities, but indiscriminating enthusiasm naturally turns to such weapons as it can handle when put in a tight place.

The man who works for genuine progress must stick close to truth, no matter what figure he cuts in the eyes of those for whom truth is not a reality, but merely the fashion of the day.

The MEDICAL BRIEF asks only that the pronouncements of scientists be submitted, first, to the logic of common-sense and experience, and, lastly, to the test of facts, before receiving their credentials. Unless passed through this crucible, the human alloy is not eliminated.

If the medical profession had followed this course with Koch, as suggested by the MEDICAL BRIEF when his first so-called discovery was heralded, we should have been spared much humiliation, bewilderment and contradictory beliefs, involved in the evolution of Koch's blunder; all of which goes to discredit the profession in the eyes of the public as a scientific and conservative body.

Levelling abuse at those who question the sweeping assertions of sensationalists, who desire to pose as scientific authorities without serving a laborious apprenticeship to facts and criticism, will not help the cause of pseudo-science; it merely serves to advertise the weakness of those who uphold it. The MEDICAL BRIEF is not to be frightened from the stand it has taken by the cry of heresy. There is always plenty of courage behind honesty, and in this day of intellectual unrest and ferment of mind, truth is more than ever in need of men to do battle for her.

Bacteriology, and, of course, serum therapy, has been built up from the start as a partisan science, or rather system. Its truth was assumed and its advocates worked entirely to substantiate a theory. Seeing is largely a mental operation, and a man who puts entire confidence in a theory, and gets mad with everybody who asks inconvenient questions, will not find much trouble in substantiating it to his own satisfaction.

The bacteriological case would not hold water in a court of law, and it is not a matter of religion, so why expect that it be taken on faith, and why so much in-

dignation when its fallacious nature is held up to view?

They say if you give a calf rope enough, he will hang himself. Bacteriology is equally clumsy and stupid, but in the meantime much valuable time is wasted which should go to practical research—the study of pure drugs and their indications, diet, hygiene, psychology, the phenomena of nutrition, structure and function of the nervous system and similar problems in urgent need of further elucidation. For this reason, we appeal continually to the common-sense and good judgment of the profession to hold a straight course and avoid the will-o'-the-wisps of pseudo-science.

Sugar.

Food scientists are laying stress upon the value of sugar, as an article of food enabling the individual to withstand fatigue and perform remarkable feats of endurance.

A review of statistics showing the food consumption of the different races, gives the Anglo-Saxon first place as a sugar eater. England and the United States use the bulk of the sugar produced, and the people of these two countries excel in energy, enterprise, pluck and endurance. England is a little ahead of us, but that is accounted for by the mixed character of our population.

The fires of life burn briskly in the Anglo-Saxon. He wants to be up and doing, growing and expanding all the time. The result is a loud call from the tissues for a readily oxidizable food, such as sugar.

Races, lacking in energy, initiative and holding-on qualities, such as the Russian, the inhabitants of Continental Europe, etc., are found to consume but little sugar.

The results of the experiments carried on in the German army, in increasing the ration of sugar, successfully demonstrated the claims made for its dietetic value. Increase of the allowance of sugar was followed by a gain in weight, improvement of general health, lessened susceptibility to the strain of hard work. Symptoms of exhaustion, as manifested by pulse rate and breathing, etc., after

severe exertion, were greatly reduced. The soldier did not tire of the sugar, learned to use it as a prophylactic against fatigue and a *thirst quencher*.

Sugar, in the past, has borne rather a bad reputation among both laity and doctors—probably because we did not know the conditions governing its use. For instance, fat people should not be given much sugar, nor those who suffer from catarrhal disorders of the digestive organs. It should be used tentatively in the rheumatic and gouty diatheses. Sometimes it will agree and sometimes not. If the rheumatic or gouty man be fat it will seldom digest well unless the heart is strong and the habits active. Thin people, who have no especial disease of the digestive organs, can profitably cultivate a taste for sugar, and wholesome sweets should be urged on them in gradually increasing quantities.

Sugar is a food which is completely oxidized in health, and its use consequently tends to equalize the work of the eliminating organs. It becomes a fat-former when the activities are reduced, a useful property where the tissues tend to break down too rapidly.

Where there is a sound liver and an abundance of red blood corpuscles the use of sugar may be pushed, but bilious and catarrhal subjects, people whose heat-generating apparatus is diseased, will require preliminary tonic and reconstructive treatment before they can manage sweets.

An important use to which this dietetic knowledge of sugar might be put, is to substitute it for beer and other alcoholic beverages among the laboring classes. If an increased use of sugar would prevent, or mitigate, the exhaustion, the weariness and despondency or irritability, which follow hard labor and lead to a craving for alcoholics, the laborer might be more easily weaned from a destructive habit.

The Insanity Dodge.

The insanity dodge is worked too often for the good repute of the medical profession. It seems to be the idea in this country to defeat or evade the law, and to this end evidence is tortured, an unusual construction is placed on facts, and,

in the case of murder, if revenge or self-interest do not appear on the surface as personal motives, insanity is assumed, members of the profession are called upon to substantiate the defense.

When by hook or by crook a criminal prosecution is defeated, no matter how glaring the crime or deeply dyed the criminal, we draw a long breath of relief, send flowers and write sympathetic letters to one who has done what he could to strike down social order and civilization. We feel that we have vindicated—what?

Law was instituted to protect society—that preponderant mass of individuals who have built up the commonwealth and keep its wheels turning. Shall their rights have no consideration? Shall justice not be meted out to them because their existence is recognized legally as an abstraction, whereas the prisoner stands before us clothed with his humanity?

Insanity is the last resort of the defense when no eloquence of the special pleader, no sophistry of argument, can avail to clear or partially justify the criminal. This excuse for crime is brought out so often that certain rulings, limiting its admissibility, should be made to protect society from being saddled with the support of a host of degenerates with criminal tendencies.

Emotional insanity in plain English means a cultivated inability to practice self-control. When a man's conduct in relation to the ordinary affairs of life has led his neighbors and associates to regard him as sane, the law should regard him in the same light.

We make too much of the moral question. A man in the ordinary course of things must face the consequences of his acts be they what they may, and without regard to his intentions. Whether a man knows the difference between right and wrong or not, it is no part of ours to inquire when it comes to *crime*. It is the business of the law to punish those who by any overt act menace the integrity of the social body. The quicker it is done, the more radical the punishment, the better for all concerned.

Of late years, our great national prosperity and the laxity of our criminal

policy has put in circulation an anemic and misguided sentiment, enervating and demoralizing in its effects. It is time for us to pull ourselves together, to remember that America is partly peopled by the off-cast of other nations, the restless, unruly, discontented spirits who come over here seeking to evade the inevitable discipline of life.

Crime and punishment should follow each other as thunder and lightning if the social atmosphere is to be kept pure. Habitual indulgence of lawbreakers will not make them strong and good men, but it will corrupt the fiber of the social fabric.

The plea of insanity should be refused in all murder cases. Murder is murder. An insane man with homicidal impulses is better out of the world than in it. Make room for the honest, industrious self-controlled citizen.

Sciatica.

A careful study of the nature and causation of sciatica has almost convinced the writer that the disease is an infection neurosis. Disease of the intestine, more especially the colon, in our experience is always present. A perversion of function transforms the bowel into a perfect manufactory of poisons. The gut is thrown into a state of irritability, leading to irregular spasm with retention of contents, which, by absorption, contaminate all the tissues roundabout.

Mechanically, too, the congestion provoked by a bowel in this diseased state, has its ill-effects. There is outpouring of serum, which restricts normal movement, circulation and nutrition of parts. Adhesions may form and bands of cicatricial tissue be thrown out.

If the stools be examined, in chronic sciatica, something in their shape or character will reveal disease of the bowel, defective function of the colon and often of the liver. If there is any lack of kidney capacity it further accentuates the condition by increasing the poisonous qualities of the blood and the pelvic congestion.

The stools may be unformed, highly offensive and irregular or flat, ribbon-like and insufficient. There is nothing typical about them except that some abnor-

mality is present. There is frequently disturbance of digestion also; in other cases gastric digestion retains its integrity to all appearances.

A successful treatment for this troublesome disease requires a prolonged course of alterative treatment, both drug and dietetic, looking to a restoration of normal function in the bowel as an imperative antecedent condition to the relief of the sciatica.

In our experience, a mineral antiseptic-astringent drug acts best because of its by-effects on the nervous system. Begin with arsenite of copper, one five hundredth grain, every three hours, watch effects and vary dose to suit requirements of the individual case.

Then, for an alterative effect on intestinal glands and liver, five drops each of a reliable extract *hydrastis canadensis* and *cascara sagrada*, with a drachm of *Chionia*, three times daily, after meals.

A very important measure, especially in starting the treatment, consists in flushing out the large bowel. Do this every day with quite warm water, gradually cooled to the temperature of the room, and gradually increasing the intervals until you get down to once a week. Continue these until your patient is practically well.

Very little, if any, walking or standing can be done if the trouble is severe, but massage of the lower extremities, working up toward the heart, including the gluteal regions and the lower spine, should be practiced three times a week, and the faradic current may be employed to exercise the muscles.

This treatment if carried out with attention to detail, and for a sufficient time, will cure many cases. Of course, defective vitality or actual degeneration of nerve substance will affect the prognosis for the worse. Still, it is better to be too optimistic than refuse to give the patient the benefit of the doubt.

Grip.

Very soon now, grip will begin to multiply cases on our hands, and a restudy of the principles of treatment is in order.

Grip attacks the nervous system, more especially the centers situate in the medulla at the base of the brain. The heat-

generating and heat-regulating centers appear to be principally affected. The vaso-motor constrictors are at first over-stimulated and shut the blood out from the surface of the body, stopping the radiation of heat, causing a subjective sensation of cold, while the internal temperature begins to mount.

So we start treatment by administering remedies to relax vaso-motor tension, awaken activity of skin and control the perverted activity of the nervous system.

Ten drops each of tinctures aconite and ipecac in a glass of water, teaspoonful every fifteen to thirty minutes until some effect is produced, than at intervals of one or two hours. We have never found anything to equal this for the purpose. Its efficiency can only be appreciated at the bedside. Of course, good preparations must be employed.

As soon as the skin becomes a trifle moist, begin and give one Pil. Quin. Dad every three hours until convalescence is well advanced. Never use any other preparation of quinine in grip, because it is the only one which will not increase the eye and ear disturbance which accompany the disease. At the same time, it antagonizes the *modus operandi* of the disease, striking home through its action on the nerve centers.

As the vaso-motor nervous system is left sensitive and weak, in some cases almost paralyzed, derangements of the circulation, catarrhs, in some cases dropsy, will be the result unless measures are taken to restore normal tone at once.

Iron is one of the very best vaso-motor tonics. The muriated tincture, Bland's pill or the dried sulphate are all good preparations. In bilious subjects an acid preparation will give the best results.

If you have hematuria, as is often the case, give a drachm of Sanmetto every three hours, and keep up the remedy for its invigorating effects on the whole genito-urinary apparatus, until the urine is perfectly normal in quantity and quality. Grip lays the foundations for many cases of Bright's kidney.

Counter-irritation is valuable. Apply to base of brain, the temples, behind the ears and over the small of back.

Patients should stay in bed until the Pil. Quin. Dad has the nervous thrills under

control, and in the sick-room until a measure of strength is regained and the extreme sensitiveness to cold abates. Going out too soon after a grip cold often brings on pneumonia, with a fatal termination.

Progress and Pessimism.

A physician remarked the other day, in our hearing, that civilization is not worth the price man has paid for it in the sacrifice of health. But progress resembles life and death in that man has no choice. It is based upon a normal, ineradicable instinct springing in the hearts and minds of the most primitive races. The need for action, expression, expansion, growth, the desire to be, to do something, instinctive knowledge of the ideal feeding the powers of observation, criticism, judgment, and causing the individual to strive for distinction, for improvement, these things are elementary forces of the soul, exhibited in rudimentary or complex form wherever there is human life.

Protoplasm is modelled by these forces, its functions, powers and nutrition affected by them; it can oppose but one form of resistance, its inertia. That is regulated by necessity, by ambition, by duty, affection, habit, fatigue, sleep, etc.

What the "one grand purpose" is "toward which all creation moves" we can only conjecture, but we must go on and on at whatever price and however we may rebel. The constraint of this necessity has not left us in such bad fix. We have the powers and faculties to make the best of things as we go along, if we make an intelligent study of human needs and conditions, meet hardship and difficulty in the right spirit.

Regret and looking backward in a pessimistic strain is not profitable. It is most common with those who have failed to realize, or who have made a poor use of, their opportunities. "Time is, time was, time will never be again." The actual facts of the present, its pressing duties, taking a sight of the future and getting ready for it, lending a hand wherever needed, tend to inspire courage and fortitude, a hopeful activity, a helpful example, a useful life.

Consequences must take care of themselves. History shows that they are abun-

dantly able to do so. Evil is temporary and passing; good, permanent and abides. Out of darkness comes light and the end crowns all.

Pneumonia.

Pneumonia is beginning to engage our attention once more. If we will regard this disease as a neurosis and a congestion in its first stages, treatment is simplified and convalescence prompt where the doctor's work is backed by good management and a fair constitution.

Put a drachm of Peacock's Bromides and ten grains ammonium carbonate in a tumbler two-thirds full of water and give every three hours. This mixture has a very beneficial effect upon the heart, nervous system and secretions generally. Under its use tension diminishes, the congestion abates and the kidney function improves notably. Alternate with one Pil. Quin. Dad three or four times daily.

Apply strips of mustard plaster, or solid stick nitrate of silver, along the course of the pneumogastric nerve in neck.

Surround the feet and legs with hot bottles.

If the bowels are confined, the liquid citrate of magnesia, or one-fourth grain calomel, followed by a saline, may be given to relieve them.

When convalescence sets in, prescribe a tonic course of Fellow's Syr. Hypophosphis. Co. If much emaciated, one of the proprietary oily emulsions will be beneficial.

Don't pronounce such a patient well until the lungs are clear of exudate, the heart sounds and urine normal. A lung crippled by an old pneumonia frequently becomes the site of phthisis; dropsy, nephritis, etc., may follow such a heart strain. Therefore, don't think your patient is out of the woods when the crisis results favorably.

Be especially careful about the diet at this juncture. Don't begin the use of solid food too soon, nor give too much at one time. The nervous system is weak and a congestion of the stomach, or intestinal toxemia, may be easily precipitated by errors in diet. A relapse is often more serious than the original disease because of diminished vitality.

The simpler the treatment the better, so long as it meets the indications. In our experience, the Bromides act better than veratrum in pneumonia. The heart of to-day is not what it was fifty years ago, as a physical organ. To-day the nervous system is a predominant factor in our therapeutics.

Faith and Works.

It is consequences and results which chiefly concern us and engage our attention during our short sojourn on earth. Many things we must take on faith, having stumbled on them by instinctive seeking or intuitive affinity, and reason is unable to trace the how and why of the results which follow doing certain things. If they are useful and beneficial, that is enough.

The effect produced in the system by certain drugs can not be understood, but the workings and indications can be observed and treasured in memory for future use.

Doctors who have faith, who seek knowledge of drugs and employ their faculties, experimentally, to get at the indications for their use, are the optimistic members of the profession—the ones who keep it from degenerating and who succeed in doing some practical good in the world. A pessimist is a man who sees evil conditions, but does not know how to remedy them and seeks to justify his incapacity by asserting the inadequacy and futility of all remedies.

Of course, as long as he makes this assumption, he will not do anything which might shed some light on any of the problems which he strives so hard to show can not be helped. He is like one who vainly beats the air instead of taking hold of the tangled skein and winding away, stopping occasionally to untie a knot, but ever going on until, at last, quite suddenly he sees the end, it is all done.

A doctor who knows thoroughly what one single remedy will do in diseased states, has done more for medical science and humanity than the therapeutic nihilist accomplishes with all his learned discourses on the worthlessness of drugs.

Faith follows works and so can be replenished. Get pure drugs always.

See that your druggist does not substitute and that he keeps good quality. Where remedies come put up in laboratory packages, procure the original with unbroken seal; look about and find for yourself who makes pure chemicals, good fluid extracts and tinctures, sift out the best makes of all the different materials which you employ, and then keep to them.

Note carefully the conditions in which you employ your remedies, the effects obtained, and where inconsistencies are noticed, work to trace out, eliminate or reconcile them. Thus your knowledge will become ever purer, more positive and easy to use. You, yourself, will find obstacles and perplexities resolve themselves with less and less difficulty, your optimism is gradually confirmed even while vigilance and caution are replacing boundless enthusiasm, rash temerity. The worker is a winner and the winner is ever hopeful.

The Consultation Habit.

Too many cooks spoil the broth and too many doctors in a case diminish a patient's chances of recovery because the result is too much etiquette and too little common-sense used in the treatment. Several consultants means many conferences and the loss of much valuable time.

A doctor who is accustomed to do his own thinking, and strives to keep abreast of medical progress, becomes self-reliant and independent. He can find, or make, a way out of ordinary difficulties, and it is only when he gets to the end of his resources, or in desperate cases, that it occurs to him to ask for consultation.

Such an independent course is better for the doctor, the patient and medicine in general. The doctor should not rely upon the consultation to shield his incapacity or relieve his timidity or make it a sort of reciprocity business affair.

It is a more or less common practice among some physicians, especially in the cities, to form a trust and pass around patients, whose finances will stand it, for the benefit of all. There are cases, of course, where this may be really neces-

sary, but it becomes the exception where the first man consulted makes a thorough and painstaking investigation of the case.

Many and frequent consultations become necessary when the individual doctor does not care to devote much thought to a case. If he accepts the entire responsibility he must do this, so he prefers to scatter the consequences by dividing up the responsibility.

Such a course is not strictly honest inasmuch that every man is expected to do the best he can and none of us know how well we can do until we try hard.

It has often puzzled those who have stopped to consider the matter, that so much of the genuine progress in medicine has been made in the country, despite the city physician's advantages in the way of fine hospitals, abundance of clinical material, improved facilities for instruction, intellectual atmosphere, etc.

The reason is that the country doctor is put upon his mettle from the start. He becomes a hard thinker from necessity. Fertility of invention, readiness of resource, come to him because he is always getting in tight places with no one to pull him out. Intellect and senses are sharpened by such a discipline. His sense of responsibility develops his individuality and his professional attainments increase in the same ratio. He becomes a strong man in every sense. His contributions to medical science are of lasting value. They are the results of hard-won successes at the bedsides of his patients.

Good judgment is required to determine just when a consultation should be asked for. The facts in the case should decide. If the doctor has done all he knows and the patient fails to respond, then it is time to get help, but do not fall into the consultation habit.

Chronic Cold Takers.

Patients who are always taking cold are neurotic and suffer from some diathesis, usually the uric acid.

If they are to be cured of this propensity to take cold at the least provocation, they must be put in training and

must promise perfect obedience to directions.

The training process must be a gradual one, not to overwhelm or depress the system, but secure better adaptation to environment and improved nutrition.

Certain changes will be necessary in the diet, the skin action must be improved, the functions of the heart, liver and bowels looked after.

If the patient is thin, stomach and bowels irritable, the judicious use of the cold bath will put flesh on him. Begin with water the temperature of the room, sponging rapidly and follow with the vigorous use of the towel until warm.

Fat subjects are benefited by massage and hot baths, followed by a cold spinal shower.

In either case the fruit breakfast, with regular, moderate exercise will be of use. Always stop short of fatigue. Fatigue fills the system with poisons, increasing the work of elimination beyond the power of the organs, and thus undoes the good effects of the moderate stimulation to heart and circulatory system aimed at.

People who take cold easily should accustom themselves to sleeping in a room with the window open the year around. The bed should be placed out of draughts, furnished with an abundance of light, warm coverings; a screen may be placed around it and the room heated if desired, but outdoor air should be admitted freely. Pure, fresh air has a hardening and tonic effect indispensable to sensitive people.

All unnecessary exposure to devitalizing influences should be avoided, such as sumptuous spreads, late hours, superheated rooms, emotional indulgences, etc. Running about half clad or with bare feet until chilled, standing around in the wind bare-headed or without wraps, going to bed cold or sitting cold at work and similar imprudences must be guarded against. An inheritance of defective vitality is something which must be watched and eked out by good habits, a careful observance of the laws of health.

The organ most affected by colds should be examined. If it be the head, as it usually is, look for sources of chronic weakness and congestion in the throat, nose, ears, sinuses. Are the local lymphatics doing their work well? The ton-

sils are a frequent cause of trouble, cured by a few applications of trichloroacetic acid and the use of Ethol as a gargle. Massage of the head, face and neck, followed by a cold spray to back of neck, has a very good effect, stimulating the absorbents and hardening the tissues.

After doing whatever local work may be needed, the following systemic medication is very efficient:

R. Liq. Pot. Ars. 2 to 4 drachms.
 Peacock's Bromides 3 ounces.
 Chionia 5 ounces.
 M. Sig.: Teaspoonful three times daily after meals.

This must be given intermittently, off and on, for a considerable time to get the full benefit of it. When there is no blood taint, no disease of the lymphatic system, just simple weakness, iron often acts better than arsenic.

Entangled in Their Own Web.

Dr. Adolph Rupp, of New York, once more attacks the antitoxinites, this time on their own ground, and with their own weapons demonstrates that "Antitoxin is practically a remedy of very limited utility, and that the enthusiastic believer aims his variously loaded syringe at a vanishing possibility." This "limited utility" is entirely due to the *carbolic acid* in the serum.

Dr. Rupp points out the more striking inconsistencies and contradictions in the arguments of those who have tried to substantiate a scientific basis for serum therapy. For instance, the conflicting statements of early experimenters that doses of one and two thousand units were ample, where now we are assured that "No curative effects can be hoped for from doses of this size." Sixty thousand units are given now where formerly *six thousand* was considered the limit.

Bacteriologists assert that antitoxin antagonizes the diphtheria toxin, and that this toxin is only produced by the Klebs-Loeffler bacillus, the culture medium of this bacterium being used in the preparation of the serum. On the other hand, they admit that clinical diphtheria is associated with other germs, for often the Klebs-Loeffler can not be found in the throats of those presenting all the evidences of a severe case of diphtheria.

Yet they claim, without a particle of foundation, even arguing on the grounds

of their own flimsy and false scientific structure, that antitoxin, prepared from the use of Klebs-Loeffler bacillus toxin, is equally beneficial in diphtheria from some other bacterial toxin. If this is the case, it is because the *carbolic acid* in it answers to the indications.

All this elaborate metaphysics about conditions of which we know possibly nothing, based upon the most superficial observation and bare-faced assumption, is intensely exasperating to those who seek facts, not appearances, who want to know the true inwardness of things, not a plausible chain of reasoning to fill up the vacuum. It is natural that science should be always reaching out for some fixed point from which to reason, but such cheap satisfaction as that offered by bacteriologists, who break through their own laws, turn and twist facts, will be scorned by all genuine lovers of truth.

To claim diphtheria as a bacteriological disease, then be forced to admit that it may be caused by more than one kind of germ, and further that these different germs are found in the throats of perfectly healthy children and absent in those who have the disease; to assert that the blood serum of a horse inoculated with the culture medium of one germ is equally good in diphtheria caused by some other germ, or no germ at all, seems too absurd to admit of serious consideration. In any department of knowledge, except medicine or theology, such reasoning would be said to emanate from a "born fool."

We shall have to go much deeper than the presence of germs in the throat, to find the true cause of the disease. No doubt both climatic and systemic influences are at work to produce that congestion of the throat and ferment in the blood which result in a membrane and other evidences of diphtheria.

Germs are coincidences and contemporaries, the scavengers which come into existence everywhere when the environment is suitable. They bear no causative relation to the disease, even though they might prove infectious, for scavengers are filthy things. Consequently horse serum *can not* have any curative power, save that which pertains to the *carbolic acid* in it.

Glasses or no Glasses.

The question whether or not the possessor of weak and incapable eyes shall wear glasses, is one upon which the profession is somewhat divided.

Every organ is strengthened by rational use, weakened and devitalized by abuse or use under improper conditions. The stimulus of effort and hardship is good up to a certain point; it requires good judgment to determine just where and when to interfere with this law of nature.

The common-sense of the matter would appear to be to regard glasses as crutches for crippled members, to be used temporarily in weak and diseased conditions to avoid strain, but they are not to take the place of therapeutic measures—developmental, educational and drug—which aim to strengthen weak ocular muscles, improve innervation of the eye and diminish congestion. Another thing which ought to be remembered is that a clear, well-trained organ of perception has a sympathetic beneficial effect upon the physical structures of the eye.

Weak and defective eyes are often symptomatic of neurasthenia; inflammable eyes of the uric acid or gouty diatheses. Glasses are a dangerous palliative for steady use in the painful vision and eye troubles which characterize these constitutional states. Treatment must be radical to obtain any permanent relief. Reliance upon glasses serves to increase the weakness and dependence of the wearer. Attention to skin and kidneys, improved nutrition, regular hours, plenty of sleep, stopping the use of tobacco alcohol, coffee and tea, with proper treatment directed to the nerve centers, will relieve the ocular sensitiveness.

One Pil. Quin. Dad three times daily, drachm doses of Celerina four times daily, is excellent treatment for the feeble eyes of neurasthenics. In the uric acid diathesis, Lambert's Lithiated Hydrangea should be given with the Celerina.

In muscular errors, educational exercises are of first importance. Light massage of face and neck, cold douche to the back of neck and temples, the use of electricity in selected cases, avoidance of

prolonged application, poor light, artificial humidity, improper angles of reflection, etc., are all important details.

In acute conjunctivitis glasses should always be worn, a fluid diet insisted on, the bowels regulated with salines and Peacock's Bromides given in the early stages. If the congestion threatens to assume the chronic form, or is subacute from the first, small doses, five to ten drops, fl. ext. hydrastis canadensis acts admirably.

Cure up a conjunctivitis as quickly as possible and have the patient wear glasses until the eyes are once more strong. Resumption of use must be gradual and closely watched.

Look Below the Surface.

There is such a thing as mistaking dullness for superiority, stiffness for dignity, pomposity for depth, fanaticism for zeal, conformity for conviction.

A great many men want to be in the swim at any cost. They look about to see what others are doing and thinking, pick up what seems to be the prevailing fashion and push it along with more vigor and noise than sense. It goes without saying that such are shallow men, sensitive principally in their vanity, much alive to criticism and ridicule, willing to make most any sacrifice to avoid either.

Doctors are men and there is some of this spirit among them. This accounts for the ready exploitation of fads which effervesce from time to time. Fortunately for medical science and its obligations to humanity, a great many doctors are big enough to fear and fight against natural weakness, the growth of prejudice and narrowness. A man of this latter stripe recognizes that he is pledged to the search for truth, for fact, that he must rise above himself, hear all who have anything of weight to say, with mind open to conviction while keenly critical of the argument.

Because of this better spirit, the profession is never entirely victimized by a fad, and some of those who plunge in because carried off their feet by unthinking enthusiasm, or coerced by timidity, soon extricate themselves and discard

that which has neither use nor truth to perpetuate it.

If the nature of the faddist were correctly estimated, if appearances were thoroughly investigated, assertions analyzed and weighed, much of this hasty generalizing and jumping to conclusions, which, in the aftermath, discredit medicine, might be avoided.

A little more patience, a little more strength, more individuality in the rank and file will keep the dam of professional judgment in place until the waters of opinion, boiling under the heat of partisan ardor, calm and settle enough for us to look into their depths.

Mock supremacy and wisdom do not wear well. Tinsel will not bear much handling. Dullness, stiffness, pomposity, etc., are known for what they are so soon as action must take the place of posing. Error is made plain once the mantle of assumption is torn from it and proof demanded.

No man need fear to stand alone, who is honest in his stand, has no axe to grind nor malice to gratify. Time will surely justify his course, since he wants only the truth, stands ready to hear both sides and to adopt the finding which has stood the tests to which all science must submit.

Pyloric Obstruction.

A common form of digestive difficulty begins with a high degree of gastric acidity. This results in a spasmodic contraction and resistance of the pyloric orifice, to overcome which, the motor function of the stomach is stimulated to unusual activity. The cardiac opening of stomach being more dilatable than the entrance to the duodenum, vomiting or regurgitation of fluids often ensues. The pain, caused by the violent efforts of the stomach to overcome pyloric resistance, is often quite severe at first, but in time may pass away as the trouble becomes chronic. Yet the obstacle at the pylorus to a free and prompt emptying of the stomach remains, and may pass from a nervous to an organic obstruction through local congestion and an outpouring of stricture-forming material. This, in its turn, may become carcinomatous.

The importance of a proper understanding and prompt relief of digestive difficulties can hardly be overrated when we consider that they are seldom, if ever, stationary, but lead by a variety of processes to serious, even fatal, consequences. If we could appreciate the slow forging of a chain of pathological links, leading from some trivial disorder to an incurable disease, there would be fewer cases of the latter.

To return to the treatment of the acid indigestion with pyloric contraction, failure of the stomach to empty itself freely, retention of residual food to decay, form gas, distend and weaken the walls of stomach and, sympathetically, its attachments, we have found treatment a comparatively easy matter in the early stages. And when the stomach difficulty is relieved, the constipation often goes with it.

Washing the stomach is unnecessary in most cases. Open treatment with a course of enemas to clear the way for normal peristaltic activity. Let your patient have nothing to eat but a little fruit for twenty-four hours; then a calomel and saline purge. After this, he may eat dinner and supper, but should have nothing but fruit for breakfast. His diet must be watched and all articles eliminated which are found difficult of digestion.

Do not give alkalies, but use Peacock's Bromides with Seng. Seng will correct the fault of secretion and prevent fermentation, while Peacock's Bromides controls the motor irritability and prevents the nervous contraction, or puckering, at the pyloric orifice.

This is fact as well as theory, being brought to our notice while using Peacock's Bromides on a patient suffering from gastralgia and dyspeptic vertigo, and since confirmed by a number of experiments.

In most cases twenty to thirty drops of Peacock's Bromides will be a sufficient dose. Give with a drachm of Seng four times daily, half-hour after eating and at bedtime. Medication and diet must be kept up for a sufficient time.

These patients should sleep on the right side. Counter-irritation over the upper dorsal vertebrae and gentle mas-

sage over the region of the pylorus, may be utilized in indicated cases. The condition is often mistaken for gall-stones, liver trouble, etc. The main point to be dwelt on here is the value of Peacock's Bromides in controlling the perverted motor function and relaxing the contracted pylorus.

Siege Begun From the Inside.

Koch's latest discovery concerning tuberculosis is the first acknowledged breach in the bacteriological doctrine by those who uphold this theory. It will not be the last. Genuine science—the discovery of laws and their operations, the correct tracing of cause and effect—will gradually emancipate medicine from one more fallacy.

If tubercle bacilli, taken from a human being, will not produce tuberculosis in animals, then the bacillus, itself, is not the cause of the disease, but the incidental product of other factors and agencies at work. Hence the absurdity of elaborate, but meaningless, efforts to avoid said bacillus when liberated from dried, pulverized sputum.

Consumptives are unclean beings and suffer from infection but it is a self-poisoning due to poor digestion, malassimilation and insufficient elimination. An anemic system full of ashes and clinkers chokes up the fires of life. A circulating fluid filled with the products of decay, keeps the nerves overstimulated and hypersensitive, the organs weak and ill-nourished.

A cold upon the lungs in such a state of lowered vitality is not recovered from and the pulmonary congestion proceeds, by more or less slow processes, to the formation of tubercle tissue and the usual evidences of consumption. The presence of tubercle bacilli in this scarce-organized tissue, a degenerate product of almost paralyzed cell tendencies and properties, has no more significance than the presence of maggots in decaying flesh.

The disease, tuberculosis, prepares a soil for the growth of the bacillus as does an old running sore on the leg for the cultivation of some other variety of vegetable parasite. Say the sore origin-

ated from a bad bruise in one of scorbutic diathesis. A germ found in the discharge could not be scientifically regarded as the cause. The devitalization produced by the blow on non-resistant flesh is the cause—the germ a by-product.

The further experimental science proceeds, the more clearly will it demonstrate that tubercle bacillus is merely a diagnostic symptom of tuberculosis. Our therapeutics will be based entirely upon measures to build up nutrition, improve elimination, strengthen and harden the individual.

Bacteriology, if it lives, will assume a distinctly subordinate place in medicine. It may, by association of ideas, throw some light upon technical diagnosis, histological research, etc. But men will cease to fear and fight germs. All our weapons will be leveled at the conditions which breed them.

Yellowism.

The color gradations of mankind from black to white are something more than physical characteristics; they have their corresponding moral and mental qualities. The black man has his positive virtues and deficiencies, so has his white brother, but the yellow man seems to be a curious blending of the weaknesses and shortcomings of both. He is emotional, fickle, unstable, treacherous, vain, egotistical and cowardly in his youth. As he ages he becomes suspicious, stubborn, pessimistic, narrow, intolerant, prejudiced and rancorous.

There is also the yellowism of disease and degeneration, its external manifestations, and how they affect our daily lives, our racial progress.

The influence of yellowism in journalism, politics and literature does an incalculable amount of harm because it passes current principally among those who never think, but accept the splenetic outpourings and sensational assertions of the yellow writer as gospel.

The biologist can well understand that the jaundiced outlook, the gloomy predictions, senseless denunciations, exaggerated claims, etc., are not based upon facts or warranted by actual conditions, but have their origin in an unhealthy

mental activity. But the people who listen to the yellow man are not in a position to judge and make allowances. Men whose minds are unbalanced, warped, distorted, and who possess strong animus, are particularly unfit for leadership in matters which involve abstract thinking, balanced faculties and delicate judgment. They are incapacitated by Nature for such a position, just as much as a color-blind engineer is incapacitated for driving a train.

It is a barrier to general progress and an individual handicap, when a man mistakes his calling and gets into the wrong hole. When a man mistakes the vaporings of his own weak or narrow and ill-developed mind for actual facts and conditions, sowing them broadcast, he misleads thousands of unthinking people who trust his conclusions, and gets in the way of his own life education.

Such a person needs a long apprenticeship in the stern school of experience, where he will be compelled to wrestle with the fundamental laws and facts of existence. His knowledge should be beaten into him by Nature's rod. It is not safe for him to assume anything. Feeling and passion occupy the place where reason and logic are normally enthroned. Consequently action is apt to be based on wrong premises, mistakes follow, which, in the concrete, compel a certain amount of thought along correct lines.

Science is turning her search-light of cause and effect upon all our activities. Better adaptation, improved means, greater facility are the results. To teach a man to know himself as the source of his power and the cause of his failure, the necessity for seeking an environment where he can develop best, the dissatisfaction, restlessness and craving which must follow attempts to do that for which one is unfit as contrasted with the sense of well-being and healthy growth in the right place, is a promised boon which one of these days mankind will be able to rate at its true value.

In the meantime, let us realize that yellowism is a sort of disease, mental and moral, contagious and infectious, and quarantine ourselves against it.

Physical Degeneracy.

Every now and then the alarmist rushes into print with the statement that the race is physically degenerating to an extent that promises early extinction. He points to consumption, anemia, early gray hair, the multiplication of dentists, the increase of deaf, dumb, blind and insane as confirming his assertion.

All these things exist, true enough, but not necessarily as demonstrations of his argument. The rapid development of mind as a world force has diverted much nervous energy from the uses of the body to the sphere of mind. High intellectual centers have been specialized, temporarily weakening man's powers of resistance, making him more sensitive to his environment and more dependent upon art to maintain the equilibrium called health.

But degeneration is not a supreme force turned loose to wreak havoc on the race. There are reactionary factors at work. Life is a complex affair. That strange force called evolution has the whip hand of degeneracy.

If we are more delicate to-day than a hundred years ago, we have more vital tenacity, greater will-power, clearer perception. We have the strong arms of sanitation and hygiene to work in our behalf, advanced medical and surgical science to come to our aid in time of need.

If our physical senses are less keen, our body less swift to react and adapt itself to environment, if we are not so well nourished, we have acquired intellectual riches, expanded the boundary of our limitations. Life is longer, is fuller, possesses greater meaning.

Certain forms of disease have been completely eliminated, others are on the wane. Superstition and fear no longer dominate us. Contagion is less active. We are on the eve of subtle, revolutionary changes in the make-up of man. The study of the nervous system, the blood and the psyche, have given us a wonderful insight into biological law.

Degeneracy is a superficial view of the present status of man. It is real and must have the aid of art for its palliation, but in its very soil are sown the germs of a new and a higher life.

A Helping Hand to the Doctor.

The MEDICAL BRIEF is not much of a believer in legislation for the removal of evils, as there is usually some nigger in the woodpile, some axe to be ground, some special interest to be furthered.

But there are persons who fail to recognize a moral obligation until it is legally defined, with penalty attached, and therefore the Tennessee law, making substitution a misdemeanor subject to heavy fine, will do good, exercising a certain amount of restrictive influence upon unscrupulous druggists, and thereby aid the doctor in the task before him of eliminating the dishonest, meddlesome druggist from the dispensing business.

It would be a step in the right direction if the other States would imitate the action of Tennessee, as it expresses the sentiment of the community on the subject of substitution, enables the doctor whose confidence has been abused to take action, and the incidental agitation is educational in its effects.

A man is much more apt to be honest who feels that suspicion has been directed to the class to which he belongs. This is no reflection on the honest druggist, save that which the existence of an occasional rogue attaches to all men. The honest man can easily establish a reputation above doubt. But since some of us are born honest, others achieve it and yet others must have it thrust on them, a law which shows up substitution in its true light, together with unceasing vigilance on the part of physicians to see that their patients get what is prescribed, makes a weapon none too strong to attack this insidious evil.

The main work in stamping out substitution, both educational and punitive, will have to be done by the individual doctor since he and his patient are the principal sufferers. The denunciation of obstinate substitutors by medical societies, followed by a boycott on the dishonest druggist, will aid the good work, but strategy accomplishes more than force in most cases.

If the doctor will adopt one invariable course with his druggist, the latter will usually adapt himself to it. Let the doctor prescribe the ethpharmal proprie-

taries in their laboratory packages, select and adhere to a particular make of other remedies. Let him always examine his prescriptions, when filled, keep in touch with the druggist and know something about pharmaceutical research and progress.

Moreover, let the doctor never cease to study the action of drugs, their indications, etc., experimentally. This, more than anything, will keep his convictions strong as to the absolute importance of pure drugs, their distinct individualities, and so on.

The doctor's success, professional and financial, his usefulness and satisfaction in his work, the scientific advancement of medicine, all depend upon his ability to secure and intelligently use pure medicines of uniform strength and make. Substitution means confusion, disaster, defeat to these hopes and aims. Will you take up the fight against substitution? Will you guard your prescriptions in every possible way? A little thought, a little pains, a little outspoken determination, brought into practice along this line from day to day, will work a great improvement.

Indigestion of Breadstuffs.

Many persons find themselves troubled with an inability to digest breadstuffs. The eating of bread, pastry, potatoes, etc., is followed by gaseous distension of the stomach and bowels, which deranges the heart's action and mechanically obstructs the circulation.

Impaired assimilation precedes this functional failure of the digestive organs and sedentary pursuits are the principal cause. The digestion of breadstuffs furnish the body with heat and energy. Sufficient oxygen and muscular activity are required to consume this part of the digested pabulum. Therefore, a reasonable amount of lung expansion and regular moderate exercise are essential to create and keep up a demand for breadstuffs.

Where there is no such demand, the power of the digestive organs to handle foods containing starch steadily declines. This also implies a degeneration of the small intestine, a general lack of energy

and a deficiency in the supply of animal heat. Sluggish function, neuralgic nerves and feeble muscles, with poor circulation, are apt to follow.

It is well to begin the treatment of these cases by lessening the amount of starchy food and increasing the supply of fats. Then improve the digestive secretions, which have greatly fallen off. Ten grains of ammonium benzoate with a dessertspoonful of Seng three times daily, is very good for this purpose.

Moderate open air exercise should be insisted on and taka diastase may be employed to help out the digestion of what starchy food is eaten.

Use saline purgatives, or high enemas with colonic massage, at intervals, to bring away the quantities of gas and other products of fermentation which result from starchy indigestion.

[Written for the MEDICAL BRIEF.]

Meniere's Disease.

BY SILAS HUBBARD, M. D.,
East Aurora, N. Y.

On page 1210 of the August BRIEF is a description of the above-named disease, by D. C. Pharr, M. D.

I will offer some speculations regarding this disease, concerning which I know nothing. I should judge, from Dr. Pharr's description, that his patient's disease is wholly the result of old age, causing a shrivelling of a certain convolution of the brain, called by the phrenologists, weight. To follow up this shrivelling of the convolutions under the frontal sinus the inner plate of the skull changes form, leaving the sinus much larger than in the young and middle aged. In other words, the old frequently begin to die at the top, as a natural result of old age and not disease.

Our worthy Editor had the true instincts of the true physician when he said, "Advise him to hoe his garden mornings and evenings," for that would be cultivating that convolution of the brain called weight or balancing, and add to its nourishment.

It being the result of old age, give to him mainly a fruit diet and rub his head with the dry hands five or ten minutes

once per day, and he should rub himself down, all over, twenty minutes, once per day.

Sometimes an old man is troubled with aphasia, which is caused by a shrivelling of the third convolution of the brain. This convolution is not far from the convolution which is affected in Dr. Pharr's patient, and would be treated in the same way, with the addition that he should be made to practice talking or reading aloud a little each day. I at present know one such patient, eighty-four years of age.

If I have given the true pathology of the disease, the profession had better call it Hubbard's disease.

[Written for the MEDICAL BRIEF.]

Banquet in Honor of Dr. Davis.

BY F. X. WALLS, M. D.,
Secretary Chicago Medical Society.

Under the auspices of the Chicago Medical Society a banquet and celebration has been organized in honor of Dr. Nathan Smith Davis, M. D., L.L.D., who is the oldest living president of the Society, and widely known and honored among the profession by his long connection with the American Medical and other associations. The banquet will take place at the Auditorium Hotel, Chicago, Saturday evening, Oct. 5, 1901.

May we ask you, therefore, to notice this event in your journal? Very sincerely yours,

CHRISTIAN FENGER,
JAS. H. STOWELL,
W. S. HAINES,
F. X. WALLS,
E. F. WELLS,
ARTHUR R. EDWARDS,
Committee.

Unstrung Nerves.

Dr. J. S. Parker, Lawrence, Miss., prescribed Celerina for nervous prostration in a school teacher. Had tried various remedies without satisfactory results. Very bad case, patient scarcely able to feed himself; almost a wreck. The effects of the Celerina were magical, as he was soon able to resume his duties in the school room.

[Written for the MEDICAL BRIEF.]

The Heart in Typhoid and Malarial Fevers.

BY S. AUG. FRENDE, M. D.,
Brooklyn, N. Y., late of Berlin.

The study of the cardiac variations in typhoid and malarial fevers is as interesting as it is important, and yet it has been generally neglected or belittled. Let curiosity deal with the investigation, and it is to be remarked with surprise that there is no author in all medical literature who has given the matter the elaborate treatment which it deserves. Perhaps we might except Huss, Gerhard and Stokes, and, possibly, Louis, but they are not up-to-date, though not archaic.

And why is the literature so meagre?

The question is asked in the face of the wonderful contributions to the diagnosis of cardiac disorders which have come from Lænnec, Corvisart, Bouillard, Hope and others. These observers have placed the matter in exactitude of detail, and having shown that the heart plays an important part in the questions of prognosis and treatment, they are silent as to the details of abnormality in the fever-hearts.

Certainly it is high time for research. Every honest observation goes to show that among the most reliable guides among the physical signs of fever is the heart. The feebleness of its action, perceived in the alteration of its sounds, is the most exact measure of the general depression which we possess. The fever-heart does not show, under the microscope, any special or pathognomonic changes in the heart substance. It is true that there is a parenchymatous degeneration of the muscular tissue of the organ, with flaccidity and softening; but this is not of such a nature as to account for that violence of cardiac disturbance which is characteristic. There may be waxy degeneration, but this is exceptional, and too much so to be characteristic. Granular changes are also infrequent. There is no evidence of inflammation, no carditis. All remissions are undefined, indefinite. What then? The changes point to the secondary effect of the typhoid or malarial poison. Of course,

when we use the term secondary, it is not assumed that this is a specific fever, as the morbid principle is not the same as the typhoid material of the pathogenic stage, but combines septic and malarial elements.

As the fever progresses, the heart weakens progressively, and always from systole to diastole, from left to right. The heart is not structurally or organically diseased, but simply poisoned by the morbid principle of the fever.

Frequently, cases are noticed in which there is a want of relation between the heart and the pulse, and for this reason, impending paralysis of the organ might pass unnoticed if the pulse alone was relied on. As frequently as not, careful auscultation shows that although the heart be excited, even up to positive violence, and the debility beginning with the second sound at the base, still there are no signs of weakening, no murmur at the aortic base, and no unusual pulsations of the carotids or the jugulars. And this, understand and remember, when we are accustomed to regard the heart as our safest prognostician, and never more dependable than now, when every hour of compelled life is a clear gain. Clearly, such a heart is not to be relied on in the prognosis. Recognize the fact, and it is more patent than ever that types of extreme adynamia may be presented, and yet the fact not be realized or apparent. Again, the heart-lesions present nothing to account for the striking abnormalities during life. And yet, the heart may escape this secondary implication. It may, and it may not. There is no definite means for determination. Still, the fact remains that typhoid and typho-malarial fevers are notably followed by cardiac disorders.

DaCosta says that out of two hundred cases of irritable heart nearly fifteen per cent followed these fevers. The heart is poisoned. The fever poisons it. Let this be fully realized. It is nothing else. The *post-mortem* shows a heart that is pale, easily torn, soft and flabby. Before death the systole gradually weakened, diastole became enfeebled, the first sound disappeared, the second sound became short and valvular, and gradually both sound and impulse became imperceptible.

And death. Death is sudden and from heart paralysis. Apoplexy has nothing to do with it, as the brain is normal, or, at the worst, anemic.

After expending research upon these characteristic cardiac manifestations for several years, it became more and more plain to me that the first law of Maillot, "to combat the visceral lesions," applies with double importance. The heart demands care, and the demand must not be ignored. Ignore it, and the gravity of prognosis pronounces. Freely recognize it, and it adds much to a knowledge of the proper treatment of the fevers. This is a consummation to be desired, that we may be enabled to ignore the good old imputation, "*spera infestis, metue secundis*," and encounter successfully a Proteus that has hitherto mocked medical foresight. Hitherto, more or less generally, the heart complications of the fever have been met with digitalis. But why? The indications for its use are, according to Liebermeister, just the opposite of those that obtain in cardiac disease. That is (to quote this author), "digitalis is only to be used in those cases of typhoid fever where there is no considerable degree of cardiac weakness." But, nevertheless, there is no promptness in the effects to follow the use of digitalis. A day or two must pass before any marked reduction of the fever takes place, and while awaiting the action on the temperature, collapse may ensue. It has, therefore, been said, "Why not administer the digitalis from the first, and thus defend against the cardiac complications?" For the very reason that the active constituents of digitalis diffuse into the blood all right, but nothing is definitely known as to its action on the composition of that fluid. Therefore, an influence which is felt on the morphological elements, can not be understood, and is not to be depended on in the earlier stages of the fever. The heart complications "must be manifest." But before this manifestation is betrayed the complication may mean the worst prognosis. We can not afford to wait for the full manifestation, when more than probably it is disguised. We are to consider that it is present from the outset, and as such, is to be met. And when met,

that event is to be considered as a principal part of the treatment.

If we cannot exhibit digitalis, what then? Plainly the substitute must be an excito-motor. Which? Belladonna? No. Nux vomica? No. Stramonium? No. Hyoscyamus? Hyoscyamus possesses its special advantages. It has no action on the cardiac muscles. It increases the frequency of the pulse. But, over against these redeeming qualities, we must set the fact that it diminishes the fullness of the pulse, and the general phenomena all disappear quickly. Hyoscyamus plainly requires correction, fortification. This it should receive theoretically, from a proper sedative. Which? The bromides, chloral hydrate, opium? If—but the "if" is modified by the hyoscyamus itself. Not, however, as concerns any opiates, but as applied by the bromides and chloral. Both. Combine the two, and add the hyoscyamus, and we have the proper excito-motor with sedative modification. And this we have with bromidia. Bromidia we have used so favorably and so happily in the restlessness of these fevers, in quieting the delirium, in pronouncing invaluable and invariable success. This same bromidia provides against the heart complications whatever their character, as manifested in the fever-state. It can not be equaled. It is to be specified, without variation. I have had it from Radlauer (Berlin) for about four years, and I am positive when I say that I should not think of treating typhoid or typho-malarial fever without it. It is, in fact, a hypnotic, but it is in the *febermittel*, beyond question.

Have I a case of fever? Then I do not lose sight of the enteric disorder; and yet with my thoughts upon that, I still remember that there is a heart that is liable, at any hour, to complicate matters. That heart calls for the bromidia. It prevents the irritation, the poisoning. It cures the irritation, the poisoning. I can not dispense with it. How did I learn this? Partly (as I have outlined) by experiment, and partly by surgical experience. What do I mean by surgical experience? This. It is after the shock, after the operation may be, after the fever invades. What is that which we say? Ah! "All will go well, unless heart failure should

ensue." We all know that expression. It is trite. It is heard every day. But since I began to employ bromidia for the pain, this has been eliminated. I never dread "heart failure" when I administer bromidia in my surgical cases. This is tantamount to saying that I never dread and never fear it, as in all surgical cases, without an exception, I give bromidia. Having had such results there, there should be no need to ask where the principal lesson was learned in this matter of the fevers. I would not treat a surgical case and omit bromidia. I would not treat typhoid or typho-malarial fever, and omit bromidia.

Pardon me that I must say that I have found live American practitioners who tell me that they have never had any such rule. It is something to be learned. It is true that it is in large favor for the restlessness, for antagonizing the neurotic element, but do not let it go at that. It is "the hypnotic," but it must be the heart defender, as well. I said, not long since, to an American physician, that which I have essayed in this paper, and he answered that he knew that bromidia did not excite the heart or dispose toward cyanosis. "Excite the heart, indeed." Who ever conceived any such indictment. And yet, in the face of the imminence of the coal-tar products, let the indictment stand. Let it stand that we may go on beyond it, and distinguish the heart defender.

It has seemed to me that the heart in fevers is the subject for an interesting study. But now that I find that, whatever that heart condition is, whatever the cardiac complication dreaded, I have a remedy, a prophylactic, in bromidia, I begin to let my laboratory interest flag. The remedy is mine.

Pulse in Brain Injuries.

A rapid pulse soon after the receipt of a traumatic injury to the brain points to contusion or laceration, rather than to hemorrhage or compression. It must be borne in mind that injuries to the brain, sufficiently severe to prove rapidly fatal, are usually attended by a frequent pulse soon after the occurrence of the injury.—*N. Y. Med. Jour.*

[Written for the MEDICAL BRIEF.]

The Mosquito as a Cause of Malarial Fever.

BY W. F. MILSTEAD, M. D.,
Lyon, Miss.

I see in the October number, 1901, MEDICAL BRIEF, pages 1588-1590, an article by Dr. Doane, of New York, on "The Mosquito as a Cause of Malarial Fever." Am not in the habit of writing to journals or anything else, but knowing something of the little mosquito, must say that all cases of malaria are not produced by him, as the doctor insinuates, "No mosquito, no malaria." Am a native of Mississippi, and intimately acquainted with the "skeeter."

Have lived in the Delta for four years, where they are innumerable, and some (pardon me) nearly as large as the pretty little humming bird.

Am sure of treating a great many cases of malarial fever that the mosquito was not the cause of. But, on the other hand, feel confident that exposure and an inactive system was the real cause. Have just dismissed two malarial fever patients, who had fever from thirty-six to forty-two days. The young lady, whose temperature ranged from 101° to 103° F. for several days, and the gentleman, whose temperature ranged from 101° to 103° F. for several days.

The doctor can get the Standard Oil Company to back him in exterminating the mosquitos in his section without any advance whatever, but if he takes this territory into consideration, oil will advance several cents per gallon, which we hope he will not do. It is mighty nice to theorize on such fevers and insects, but when it comes to everyday and bedside practice it is quite different. More anon.

Enviable Distinction.

Dr. O. H. Boulee, Cleveland, Ohio, says: Papine is an excellent anodyne. Better than morphine. Acts promptly, does not nauseate. No unpleasant after-effects. Agreeable and retained by all stomachs. No other remedy has given similar results,

Inquiry Department.

Cases for Consultation.

QUESTION:—I desire your help in the diagnosis and treatment of the following cases:

1. A gentleman, Mr. Selim Habre, aged forty-five years, illness of a year and a half duration. Family history good. His work, a barber. One and a half years ago he was kicked by a horse. Was senseless for some hours. He was hurt on his head and made insane. Had melancholia, with many complications of mental disorders for some time. Has improved, but not yet quite well.

The following symptoms still trouble him more or less: Weak, rapid pulse; breathlessness, headache, giddiness, vomiting, cardiac oppression, light headedness, trembling, pains in the limbs, lassitude, rise of temperature, various skin eruptions and in some cases nervous phenomena, such as delirium, convulsions and coma. He used to drink liquors very much three years ago.

He eats well, sleeps well and when he wants to talk, he stammers very much.

My diagnostic: Melancholia and hypochondriasis, with nervous shock of the hemiplegic attack. He was treated by many physicians of Beyrouth.

2. Miss Mathilde Habre, aged eighteen years. She had typhoid fever six years ago. Now her hair is falling out. Headache, with pain in the eyes. Irregular monthly flow. Itching of the skin and pimples on face and back. Pain in chest, and a bad cough, pharyngitis and chronic bronchitis.

3. Mr. Nagib Schahade, aged forty years, unmarried. Illness of three and a half years' standing. His father and mother had no consumption, but his brothers and sisters, in number six, have died from consumption. He, at first, had malarial fever. After the malarial fever, had bronchial catarrh, with complication of hemoptysis and bleeding hemorrhoids, dyspepsia, pain in the larynx and pharyngitis. Very much coughing day and night. Sputum very abundant. He is the son of a high-rank family in Beyrouth, Syria. He is passing into the third degree of the disease. His left lung is affected very much and the right one is beginning to be involved. This is genuine pulmonary tuberculosis. His relatives are very anxious to have a satisfactory treatment to rid the family of this disease. They say if there is any good and healing treatment, they don't mind about dear medicines, whatever it costs.

4. Mr. Khalil Zackoor, aged forty-three, married one year and eleven months. He had gonorrhea and syphilis. He is very strong and fat, but there is an extraordinary question and case to be treated. He has been treated by all eminent physicians of Turkey, in Beyrouth, but no good effect at all, even by me. He is absolutely impotent. His wife is still a virgin.

I have tried all aphrodisiac mixtures and pills, but without effect.

5. Miss Nitza Zambacos, aged twenty years. Illness since five years. Family history good. Her father has got chronic asthma. She has been treated by different physicians for five years, but no effect at all. She has taken the medical treatment in Damascus and Beyrouth.

She has severe headaches, nervous, constipated, with furred tongue. The headache takes place between the monthly flow, before and after. During the menstrual period she passes clots of blood. Gastralgia, face pale, good constitution, but the functions all deranged. She had once a bronchial catarrh, but is well of that. There is leucorrhoea. Had congestion of the liver, but now she is much better. She had strong lumbago pains, with back pain and pain in the kidneys, sometimes painful urination. Her blood is very weak. Her father had the kidney disease before his marriage.

6. Madam Verdeh Sabagh, aged fifty-five years. Illness since ten years. She is under medical treatment for ten years by different physicians. Dyspepsia, with fermentation of the stomach. Mouth always feels hot and inflamed. She has pain in the shoulder. Her eyes are dull. Constipation. Bronchial catarrh. There is edema of the feet and sometimes face swells, too. Head heavy and aches. Abdomen very heavy. Leucorrhoea severe. Monthly flow has stopped since long time. She complains of the liver and pain in the nephritic region. She sweats very much. Health failing. Urine examined — Glucose, fourteen grammes par un litre de urine; albumin, trace. Weak, rapid pulse. Breathlessness, giddiness, cardiac oppression. Pain in the limbs, various skin eruptions, etc. This is a chronic diabetes mellitus case. I have sent her to Damascus for change of air and she has improved there very much. She is the wealthiest member of a high-rank family in Beyrouth. Her sons and relations are very anxious to have a good treatment for her that will prolong her life. Will you please advise me, if you think the proper treatment is being given, and offer any suggestions you think proper.

D. F. BRIGHT, M. D.

Beyrouth, Turkey.

ANSWER:—*Case 1.* Flush out bowels thoroughly until you know they are clean. Then keep them moving once or twice daily. Give drachm doses Neurilla four times daily, with one-twelfth grain hydrochlorate pilocarpine. Plenty of fruit in diet. Avoid billiousness.

Case 2. Circulation very poor. Nerve centers congested. Perversion of functions and symptoms dependent on these conditions. Ten drops fluid extract apocynum cannabinum, with drachm Ecchol, four times daily. Light massage with olive oil and hot foot bath at bed-time. Cold spinal shower for a minute three

times a week. Rub spine vigorously at time to mitigate shock.

Flush out colon with warm saline solution twice a week, patient reclining, hips elevated on pillow.

Case 3. If you give this patient all the medicines you enumerate, he will soon have no stomach; then what will you do? Would suggest that you give him ten drops fluid extract hydrastis canadensis with a drachm of Seng three times daily, and nothing else. Practice inhalations a minute at the time, using Listerine, menthol and Eucalyptol on gauze in inhaler to soothe and harden pulmonary surfaces. Have him gently rubbed with oil by a strong, vigorous man, three times a week. Flush out bowels once or twice a week with solution slippery elm. Feed him broiled beef pulp, pure honey, baked bananas, various simple nourishing foods. Also prepared foods. Have him in open air as much as possible. Fruit juices are excellent appetizers, also.

Case 4. Probably a decay of nerve power. Give Mercauro a prolonged trial in alternation with Sanmetto.

Case 5.

R Cascara Aromat.....2 ounces.
Iodia 6 ounces.

M. Sig.: Teaspoonful in water three times daily after meals.

Moderate daily outdoor exercise, massage, light but nourishing diet.

Case 6. Flush out bowels well with enemas and saturated solution epsom salts, four ounces at a dose. Give fifteen drops fluid extract apocynum cannabinum with a drachm each of Ecchol and Chionia, four times daily. Strictly milk diet for time being. Give elixir lactopeptine after each feeding.

The nervousness is the result of intestinal toxemia, and will tend to subside if you keep bowel clean and improve assimilation. But you must work through Nature's means and laws. Don't try to force her too much. Coax and tempt, lend a helping hand and be patient. Abundance of fresh air.

This case is probably one of slow degeneration of digestive organs from over-eating and under-exercise, therefore improvement is bound to be slow in any event.—Ed.

Nymphomania.

QUESTION:—Kindly give treatment for case of nymphomania. Patient twenty-five years old, single, health good, functions regular, five feet four inches in height, weighs one hundred and thirty-two pounds. Was taught the practice of masturbation by a servant at age of ten, which has increased to the proportions of an unconquerable vice. Is very anxious to be freed from this habit. Has tried the exertion of will power, mental diversion and occupation, cold sponging, etc., without relief. Is in despair and exhausted by the constant struggle. Hopes to find in medicine some relief. Suggest treatment and oblige.

Pa.

READER.

ANSWER:—Try Neurilla, drachm doses, four times daily, and we suggest that five or ten drops Sanmetto be added to each dose. We know Sanmetto increases sexual strength and power, but it acts largely by subduing irritations and perverted action. In the small dose above given, believe it would lessen the unnatural excitement.

Fluid extract salix nigra aments has been recommended by some in nymphomania; others say it has no virtue. Peacock's Bromides is a remedy of positive value in this condition.

If urine very acid, lighten and vary the diet.—Ed.

Case of Malarial Poisoning Contracted in the Philippine Islands.

QUESTION:—Soldier, aged twenty-three, normal weight one hundred and forty pounds. In December, 1899, contracted malaria (chills and fever). Treated in hospital ship, Manila Bay, about a month. Left hospital apparently restored, except weak. Weight one hundred and thirteen pounds. Was assigned to office duty. Failed to take proper exercise on account of lack of energy. Diet, government rations. Digestion very bad—often vomiting meals; also troubled some with bowels running off.

Returned to hospital, May, 1900. Diagnosis, chronic gastritis, weight one hundred and seven pounds. Received no benefit from treatment. Gradually grew weaker about June 1. Mouth and tongue extremely ulcerated. Ordered to bed. Diet restricted to milk (malting and condensed). Tongue and mouth improved. Ordered transferred to United States for treatment.

Arrived at the general hospital at San Francisco, June 14, 1900. Weight one hundred and four pounds. Diagnosed chronic dysentery and chronic gastritis. Treatment, as near as could tell, capsule pepsin and creasote after meals; mouth wash of myrrh and Listerine. Other medicine given not known.

After two months, without apparent benefit, was ordered to the army hospital at Hot

Springs, Ark. But just as he was about to leave for there, family secured discharge from the army by favor.

Returned to Alabama. Was thought climate would bring him around, and little treatment was given, except liver medicines occasionally, and washes for the mouth. After several months, began to pick up fast and about Christmas weighed one hundred and thirty pounds. Felt well. A few weeks later bowels troubled and digestion bothered and gradually weakened. Was put on powders of bismuth and carbonate gualacol, given hypophosphites three times a day, and one drop Fowler's solution arsenic after meals. Again relaxed treatment and thought rest would help. Last few weeks have given alternately small doses quinine and broken doses calomel.

Present weight one hundred and thirteen pounds. Thin, sallow and anemic. Weak, appetite fair, sleeps well, feels sluggish and lacks energy. Mouth and tongue every three or four weeks inflames up and small ulcers occur and stay from one week to three. Up all time.

What do you think of giving him Fowler's solution arsenic in ascending doses? How long? How about small doses iron? What is best form? How about baths? Would you mustard plaster the spleen region, which is enlarged? What can I do to get him started to gather flesh? What should be form of exercise? Should he attempt any work at light occupation? What can I do for the continual sore mouth? Have consulted six or eight local physicians, and none seem to understand it. They say it will get well when the system is restored. I want to get his general health started to mend and build him up to weather the winter.

ANSWER:—

R Ext. Hydras. Can. fl. 1 ounce.
 Ecthol. 7 ounces.

M. Sig.: Teaspoonful four times daily between meals and at bedtime.

Use the same as a mouth wash, and give no other medicine at present; save up the stomach for digestion. Later on, add one Pil. Quin. Dad three times daily, and small doses iron sulphate.

Every night gentle massage with olive oil, and in the morning a cold sponge bath, followed by brisk toweling. Electricity would be of advantage.

Feed blood-making foods—nutritious broths, broiled beef pulp, grape juice, etc., in small portions at frequent intervals. Should wear fine, light but warm wool underwear.

Run your treatment on schedule time with scrupulous attention to details, if you want to fill him full of good, warm blood.

Will do no harm to paint spleen with tincture iodine, or use mustard plasters,

but *hydrastis canadensis* is the finest tonic to the venous system in the *materia medica*, and with the aid of the massage, will gradually reduce that organ.—Ed.

Enuresis—Amenorrhea.

QUESTION:—I. Child, female, aged seven and a half years. Has always had nocturnal enuresis. She lost her mother when a year and a half old, and from that time until she was over six years of age she was with her grandmother. Her father thinks she was never trained to get up to urinate at night and that the habit grew from that. She had hydrocephalus when a baby. She is a child of violent temper and before coming back to live with her father, if her will was crossed, she would scream and kick and throw herself on the floor, continuing to scream at the top of her voice for an hour frequently. Her father has punished her severely at times and now she is "angelic" when he is around, but not quite so much so if he is away, as he has been, three months at a time. She has a ravenous appetite and would always overeat, if allowed to do so, but her sister, two years older, had the same kind of an appetite when she returned to her father's house. They were fed heavy, strong food at their grandmother's, and probably too much of it, for they had chronic indigestion, distended abdomens, etc. She is always thinking, frequently talking, of what she is going to have for her next meal.

She is a very heavy sleeper and can scarcely be wakened at night.

She has been roused two and three times within the first two or three hours after she has gone to bed. She never passes more than a few drachms at such times, but possibly half an hour after getting her up, on going to rouse her again, the bed would be flooded.

While traveling, a whole week, coming back to her home with her new mother, she did not urinate once in bed. She got up each time. All sorts of rewards and punishments have been tried, and some medicine also.

For months now she passes urine in her clothes, but it is impossible to find out from her whether it is owing to her inability to retain it until she gets to the toilet, or if it is when she laughs or cries that she can not retain it.

II. A young lady, aged twenty-four years, has never menstruated. She has had treatment from different sources, but I do not know the nature of this treatment.

A friend of mine, living in a city some distance from my present residence, wrote and asked me if I thought I could do anything for her, her parents were very anxious to have me call and see her. In describing her she said: "She is fine-looking, well developed and healthy, with the exception of occasional headaches." She did not say whether her sexual organs were properly developed, etc. I wrote for further information, but have not yet received a reply.

1. If the sexual organs are not properly developed, would electricity be the best method of treatment, and would you combine other treatment with it?

2. If found sexually well developed, what treatment would you advise?

3. If she married would she likely be able to bear children, and would menstruation probably then come on? CANADIAN.

ANSWER:—*Case 1*—Would give her a half drachm of Neurilla four times daily to calm irritable nerve centers, and equalize the flow of nervous force. Give, also, an elixir of the phosphates in small doses after meals.

The diet should be light, nourishing, and abundant, with a certain amount of fruit.

Take a large sponge filled with cold water and pass up and down the spine several times every morning, follow with light massage of whole body.

Time is an essential ingredient of treatment as the intensely acid state which sharpens every nerve and excites every function abates toward puberty, as a rule.

Case 2.—Treatment will depend upon the results of an examination. Remedies such as Aletris Cordial and Sanmetto, the use of electricity and the induction of mimic labor-dilating womb and packing with gauze to stimulate expulsive pains, may give satisfactory results, and may not. The use of the above medicines, electricity, hot mustard sitz baths, etc., will apply whether the sexual organs are well developed or not. If anemic, add Bland's pill; if plethoric, give a course of Iodia, with occasional saline purge.

About bearing children, can not say. In some women, the individuality, or the person, flourishes at the expense of their obligations to the race. Their organs may seem normal, or a trifle small, the flow is slight, irregular or absent, and they incline to corpulence. In these cases all treatment may fail.

Marriage might stimulate the organs to a normal performance; it as often fails, and nothing should be promised on this account.—Ed.

Incipient Locomotor Ataxia.

QUESTION:—Young man, thirty-five years old, married thirteen years, father of two children. About two or three years ago noticed that there was marked prematureness in act of coition, with greatly decreased sense of pleasure or excitement attending the orgasm. He

has never had gonorrhea. Has masturbated, probably to excess, in younger days. His erections are almost constant during night, especially when he lies on back. There is no failure of desire for coition—just the reverse, if anything—but refrains from it on account of disappointment, to both himself and wife, caused by the prematureness. He is getting to be very nervous, excitable, irritable and subject to spells of slight melancholia. His organs are about normal size. He is bothered at times, as soon as he gets in bed, with itching of scrotum. Some times slight, shooting pains in region of prostate. Some back trouble. Not troubled with nocturnal emissions. Memory bad. Has lost flesh. No energy; tired feeling, weak in legs if he stands long at a time.

I put him on many so-called sexual tonics and stimulants, with no results. Also had him on iron, arsenic and strychnine tablets and an occasional dose of quinine, with outdoor exercise, good food and pleasant surroundings, etc. Hygiene, good. What treatment would you advise? Is this a case where Sanmetto, in your judgment, is indicated?

ANSWER:—Do not think this is a case for Sanmetto—at least not now. The root of the trouble is in nervous system. The sexual center in spine and probably, also, in the brain, is congested, and you want to direct your treatment to calming them, when the symptoms will probably subside, unless organic trouble is developing in nervous system.

Give a drachm of Neurilla four times daily. Also give a vaso-motor tonic in the shape of iron phosphate. Mild counter-irritation over sacrum, perineum and base of brain. Should avoid sleeping on the back, should sleep alone, in a well-ventilated room, with very little covering. His supper should be light.

Advise that you examine this man's urine; go over the reflexes, especially of knee and ankle, and examine the eye carefully. Also ascertain whether he has been practicing withdrawal as a means of preventing conception. This is a common cause of the kind of impotence described.—Ed.

Typhoid Heart.

QUESTION:—Give treatment for case of "typhoid" heart. Very feeble and irregular. Paroxysms of rapid beating, followed by sinking and threatened collapse.

Io.

W. R., M. D.

ANSWER:—Give two Cactina Pillets three times daily with twenty minims muriated tincture of iron in water, after meals.—Ed.

Rheumatoid Arthritis.

QUESTION:—Patient, Mary Etta M., aged seven. Brown hair and eyes, family history good; health good until September, 1898. Had an attack of rheumatoid arthritis, joints badly deformed. Slight lateral curvature of spine. Has been treated by several physicians. There has been no improvement under the anti-rheumatic treatment. Would be glad to have any suggestions from the BRIEF family as to treatment, constitutional and local.

Horatio, O.

L. BIGLER, M. D.

ANSWER:—Give her the fruit breakfast of peaches, grapes, oranges, apples. Nourishing soups, broiled beef pulp, rice, corn bread, baked bananas, the breakfast cereals, but no wheat bread, pastry, etc.

Put a couch in a sunny window, and let her lie there from eleven to twelve on bright days. Every other night massage with olive oil, paying especial attention to spine. Alternate the massage with hot vapor bath. A foot tub of steaming water, a chair and blanket is apparatus enough. Compresses wrung out of hot carbolized or bichloride solution are excellent for the diseased joints. A few gymnastic movements should be practiced three to five minutes daily for the benefit of the curved spine. Begin with passive movements, if she is incapable of voluntary exertion. Passive movements of the deformed joints are in order if not too painful.

R Vinl Ferri Amari.....2 ounces.
Chlona.....6 ounces.

M. Sig.: Teaspoonful three times daily after meals.

Clinically, you will find this mixture of much more value than appears on the surface.—Ed.

Help Wanted.

QUESTION:—Mr. C., aged twenty-eight, single, occupation for past ten years, school teaching, and is now thus engaged. Has for four years past suffered severe pain about two inches above umbilicus and to left of median line. For the first two years the pain was rather mild; for the last two years it has been of the most excruciating character, becoming very alarming at times. Family history good. Habits are most excellent. Digestion fairly good. Bowels seem to act fairly well. Kidneys very good. These spells come on sometimes once a week and again not so often, and when the pain leaves him it suddenly disappears, and in a minute he is as well, apparently, as ever in life. He has been the rounds. Has been treated by some very eminent physicians—I should have said that these spells last all the way from two to six hours—but

without any special benefit. He has been in my care for about one month. Has had two bad attacks since beginning treatment. Have thought it was uremic poison, producing neuralgia of the solar plexus. Can you help me through the grandest of all journals, the MEDICAL BRIEF?

Whitwell, Tenn. L. L. JANEWAY, M. D.

ANSWER:—The pathology is not clear. It appears to be a neuralgic affection. It must be remembered that all the organs have a rhythmical movement which may become diseased by perverted innervation. Whether this paroxysmal colic or cramp affects the spleen, stomach, intestine or other organ, we can't say. These molar neuroses bear some resemblance to epilepsy.

Apply counter-irritation the whole length of the dorsal spine with solid stick nitrate of silver. Feed him principally fluid food, and plenty of it. Bovinine, Panopepton, milk, plain and in soups, broiled beef pulp, etc. Let him try the fruit breakfast, rejecting the fibre and bad parts.

Have him take a dry rub-down each morning and a short daily walk.

Give him three to five minims of Fowler's solution with a drachm of Neurilla three times daily. Every other night a drachm of Peacock's Bromides on retiring.

You might find olive oil useful both in facilitating the movement of bowels and tending to allay irritability.

The bowels *must* be regulated and occasionally *flushed* out.

A single dose ethereal tincture lobelia seed, fifteen or twenty minims, ought to cut short an attack.—Ed.

What Is It?

QUESTION:—Mrs. McC., aged thirty-four, splendid physique, rather masculine and until about twenty-five years of age enjoyed excellent health. About that time she was attacked with a lancinating pain, one inch below the diaphragm. The pain extended in an oblique direction to the right, downward two or two and one-half inches. After suffering some time, the pain is reflected to the kidneys.

I was called to the case and carefully noted all the symptoms. Relieved the pain by hypodermic; moved the liver, and all was serene for ten days.

This same routine was repeated, at irregular intervals, for about a year, when I lost sight of the case.

She has, up to this time, been under the care of some twelve or fifteen physicians. She has been treated for "all the ills that flesh is heir to."

She has been under the care of some of the most eminent physicians of the South and finally drifted back into my care.

She is, physically, in normal health. Mother of one child, twelve years old. Pain not affected by diet. Appetite good. Kidneys and liver in good condition. Family history good, with the exception that her father, one uncle, one sister and one brother, have, for years, been similarly affected. No man has ever named the disease, and I am as much at fault as I was at first.

She has taken opiates, anodynes, hypnotics and anesthetics galore, but nothing seems to relieve the pain but morphia and atropine.

Brother physicians, what is it? Any help will be thankfully received. Would like to hear from our illustrious Editor.

G. H. ALEXANDER, M. D.

Hot Springs, Ark.

ANSWER:—You do not give particulars as to diathesis, temperament, etc. Have you inquired as to any shock, strain or trauma which might have been responsible for inception of the trouble, there being hereditary predisposition?

Are inclined to call it either a neurosis or due to impacted gall-stones. Recommend that you give her one-twentieth grain arsenic iodide with one drachm Chionia three times daily for some time; also, a tablespoonful of pure olive oil between each meal, if the stomach will stand it. Purge her well about three times a week and modify the diet. Not too much farinaceous food. Counter-irritation the length of the dorsal spine and massage over the region of liver. Advise patient to practice deep breathing, commencing with twenty deep inspirations, and gradually working up.

The periodicity of pain tends to slow accumulation of irritation from some reflex source. This you must try to trace objectively as well as by logic.—Ed.

Grip Debility.

QUESTION:—The following case has recently come under my care: Patient, male, unmarried, aged thirty-eight, height five feet eleven inches, weight now one hundred and thirty-eight pounds, normal weight one hundred and sixty-five. Has the following history: Had nervous prostration in 1895, following repeated attacks of grip, and was confined to the bed for several weeks. While suffering with the grip, was given a great deal of phenacoline and acetanilid to which patient attributes the breakdown of his nerves and the weakening of his heart. Has been under the care of several physicians since.

Would make a partial recovery during the summer and relapse during the winter. Last summer his gain was quite marked, gaining in

weight from one hundred and forty pounds to one hundred and fifty-eight pounds, and with a corresponding increase in strength and endurance.

Last March he had an attack of neuralgia, which confined him to the house for two or three weeks. He worried almost constantly, became very nervous, almost hysterical at times. Lost flesh rapidly and became very much debilitated. Has gained some during the summer. Works in the garden and can walk two or three miles at a stretch, by resting once or twice.

Appetite is fair. After eating has a feeling of weight, fullness and general discomfort in the stomach, which sometimes amounts to pain. Stomach sore and sensitive to the touch. More or less gas in stomach. Tongue coated white. Bowels have been constipated for years. Never has a natural movement. Liver torpid and slightly enlarged. Heart weak and irritable. Back weak. Flesh soft and flabby.

Masturbated when younger. Has occasional emissions. Now has very little sexual desire. Is very sensitive to cold.

I can find no organic trouble and have diagnosed the case, nervous indigestion and debility.

Please suggest treatment in the next BRIEF and oblige.

J. D. GOODMAN, M. D.

Two Bridges, N. J.

ANSWER:—

R Ferri et Pot. Tart. 3 drachms.
Cascara Aromat. 2 ounces.
Chionia 6 ounces.

M. Sig.: Teaspoonful three times daily after meals.

Precede by broken doses of calomel and a saline purge.

This patient should have massage with olive oil at bed-time every other night, not forgetting the face and neck. The feeding is very important. Broiled beef pulp and Welch's grape juice are fine blood makers. All food should be well done, fluid or semi-solid, softened with sauces and gravies, the gastric juice and motor function being weak.

Never let him walk two or three miles at a stretch. Half a mile is plenty. If you let him become fatigued his system is filled with ptomaines and the eliminating organs too exhausted to get rid of them. Just enough exercise for stimulus and rational use. A copious flushing of the large bowel with warm normal salt solution in modified knee-chest position once a week is an invaluable measure. The writer has kept neurasthenic patients out of the insane asylum by means of this last.

Keep up your treatment for months. It sometimes takes two or three years to pull out of such a state of invalidism.—Ed.

Curious Neurosis.

QUESTION:—Will you please advise treatment for the following case: During erection patient's penis flaps rigidly against abdomen, causing severe vise-gripping pains. Is a married man, aged twenty-three, has two children. Takes a cold bath daily, eats fruit abundantly and is regular at meals, yet with the best hygienic care weighs only in the neighborhood of one hundred pounds. Has no pulmonary or venereal ailment.

La.

F. P. M., M. D.

ANSWER:—Add a grain of bichloride mercury to a bottle of Seng, and take teaspoonful after each meal. Also a drachm of Neurilla four times daily between meals and at bed-time.

Take prolonged hot mustard hip-baths three times weekly. Drop the cold bath and take massage with olive oil instead.

Restrict the fruit eating, and give the preference to bananas and sweet apples. Good beef and mutton, corn bread and potatoes baked in their jackets, plenty of rich, thick soups, etc. All foods to be eaten hot, well masticated, not too much at once, and an extra small lunch between meals and at bed-time.

Keep the body warm at all times by suitable clothing and frequent exposures to the sun.

Bowels must move daily.—Ed.

Enlarged Prostate.

QUESTION:—Will you please give me the very best treatment for enlarged prostate gland? Patient, fifty-five years old. Has had stone removed from bladder. Bowels constipated. Micturates twelve or fifteen times a day. Considerable pus passes. There is a burning, stinging pain in urethra, sometimes near outlet, sometimes in rectum. Says he feels like a thorn was sticking in him. Walking is very painful. This case has been treated by several physicians without benefit. Now, if you can give an old reader of the BRIEF a helping hand, it will give me a good send-off.

Meeker, Col.

J. W. COLLINS, M. D.

ANSWER:—Give one-eighth grain calomel, with two and one-half grains each bicarb. soda and bismuth subnit. every hour or two until eight powders taken. Then purge with epsom salts or calcined magnesia.

Next, ten grains ammonium benzoate with a drachm of Echthol three times daily in alternation with teaspoonful doses of Lithiated Hydrangea in glass of carbonated water, also three times daily.

Wash out the colon, then practice rectal irrigation with tepid water, adding five drops carbolic acid to each pint, and employ a double tube that water may return freely. This is to be done each day, gradually increasing temperature of water until it is as hot as can be borne, then cooling off again.

No walking, standing, lifting, etc. Should have a good rub down, with kneading of muscles, every other night.

Regulate diet very carefully. The stomach, in most of these cases, is a laboratory for the manufacture of acrid poisons, and is highly acid.

A breakfast of nothing but fruit, the use of skimmed milk, beef juice, broths of all kinds, a little well-boiled rice, fresh honey, Panopepton, malted milk, and similar concentrated prepared foods in small portions, at suitable intervals, will help you out. Bowels must be kept moving freely by the use of salines, enemas, etc.

Treatment will require patience and perseverance for a considerable time, with scrupulous attention to detail.

Later on, when the present state of degeneration is overcome, put him on Sanmetto and keep him on it for months, if necessary, until the prostatic congestion is sufficiently overcome to no longer constitute an obstacle to the free passage of urine, or be a source of pain and reflex irritation.—Ed.

Arterio-Sclerosis.

QUESTION:—Man, aged sixty-two, sedentary liver, is troubled with severe attacks of dyspnea after slight exertion. Cannot sleep lying down. Heart action slow and labored; urine scanty, and dropsy is beginning in the feet. Weighs two hundred and sixty pounds. Suggest treatment. Glad to hear from anyone. Ohio.

S. C. L., M. D.

ANSWER:—Hot vapor baths, with oil massage. Cold applications to head. Nitro-glycerine, epsom salts and milk diet. Fruit juices. If the heart action improves with diminished tension, give five drops each fluid extract hydrastis canadensis and cascara sagrada, with a drachm of Chionia. Improved activity of intestinal secretions will take up the dropsical effusion, if there is enough vitality to respond to treatment, which must be kept up in detail.—Ed.

Debility.

QUESTION:—Girl of seventeen has slight cough, no expectoration, very thin, takes cold easily. Appetite fair. Parents fear consumption. Tonics disagree with her stomach. Please suggest treatment.

Pa.

R. H., M. D.

ANSWER:—Give her four to six small meals per diem and a drachm of Seng after each. Put all your ingenuity into making up a dietary which will suit her needs and digestive capacity. Dip a sponge in cold water and run over the spine, follow with light oil massage to back only. Light, warm woolen underwear. A very short walk every day and a few spirited gymnastic movements, *always avoiding fatigue*. Retire early and leave the window open, protecting bed from draughts. Bathe only for cleanliness and be quick about it. Light and agreeable mental occupation is helpful.—Ed.

Petit Mal.

QUESTION:—I would be pleased to have your opinion in the case of a little girl patient of mine.

She is about seven years old, good form, very healthy in appearance, hearty eater. Has healthy parents. No bad heredity.

For about two years she has been afflicted with a momentary unconsciousness, often each day, but during the night her parents have detected nothing of the kind. There is no convulsive movement. The respirations are not disturbed. If eating, she will appear dazed for a moment, then will proceed with her meal. If walking, she will stop for a moment, and then go ahead. If talking, she will stop for the moment, and then talk right on. There is no aura, nor is there lividity, followed by pallor. There is no wandering of the mind after the momentary insensibility. I am not positive that this insensibility is complete. Is this a case of epileptic vertigo, minor epilepsy?

I have used nervines, calomel, but not the bromides. Have used fluid extract of horse-nettle. What is her disease, and what treatment would you suggest?

Columbus, O. W. S. BENNER, M. D.

ANSWER:—Would call it epilepsy (*petit mal*). There are many degrees of this disease. In your case, the nervous system is hereditarily normal and resistant, the vertigo arising through abuse of digestive organs. Cure it now before integrity of nerve centers is lost.

R. Peacock's Bromides 3 ounces.
Iodine 5 ounces.
M. Sig.: Teaspoonful in water three times daily.

Regulate the child's diet, and make sure the bowels act daily. Many parents are careless in this respect, take it for granted, while the children, ignorant of the importance of the function, are negligent, postponing the calls of Nature, thus poisoning the blood and irritating immature, explosive nerve centers.

Send the little one to bed early, and recommend cold sponge baths daily, followed by a good rub with the hand, and a little oil. Put feet in hot water a few minutes. This will often abort attacks.

Should be judiciously managed—a calm, firm, kind rule, avoiding excitement, anger, etc. Do not forget that irritation of the genitals from highly acid urine, adherent hood of clitoris, masturbation, etc., may provoke epileptic attacks. Also intestinal and seat worms.—Ed.

Nutrient Enemas.

QUESTION:—What do you think of nutrient enemas to spare delicate stomachs some of the work of digestion? This is a case of chronic pulmonary trouble, nine years' duration; weak stomach, and I think might be benefited by this procedure. Please give me your opinion and oblige.

Pa.

J. M. B.

ANSWER:—We do not recommend rectal feeding, except as a desperate resort, where the stomach absolutely refuses its office. No matter how carefully the operation is done, or what is used, an irritation is apt to be set up which will pull down the patient's strength very fast.

Of course, there is a time and place for rectal feeding—a very important one—just as there is for injection of normal saline solution into the circulation and similar desperate measures, when there is no other hope or way.

But a stomach which is capable of digesting food at all, may be coaxed and managed so as to allow of sufficient nutrition. Ascertain its law. Try small, frequent feedings of light, digestible food. Add the concentrated prepared foods to the ordinary diet. Bovinine, tropholine, panopepton, bone marrow, liquid peptonoids, liquid bread, etc., are readily absorbed without taxing digestion.

Employ Seng to strengthen the stomach's powers. Get plenty of fresh air. Never eat when tired. Rest a little after eating, etc., etc.—Ed.

Malassimilation.

QUESTION:—I have a case for which I wish you to prescribe. Male, aged fifty-eight. Has been troubled with chronic diarrhea for more than a year, at intervals. Good appetite, reduced considerably in flesh and for the last four or five months considerable edema of lower extremities. Some pain and pitting on pressure. Says he would feel all right if he could get rid of swelling. Please inform me what course of treatment I had best pursue. I forgot to say that he has suffered with a sore mouth and tongue for more than a year.

Tackett's Mill, Va. WM. H. PATE, M. D.

ANSWER:—Give this man ten drops fluid extract apocynum cannabinum with a drachm of Echthol four times daily, Also one five-hundredth grain arsenite of copper every two or three hours. Use the cold spinal douche.

Feed him up the best you can. Use the concentrated food essences—Bovine, Panopepton, bone marrow, etc. Milk soups, beef pulp, fruit juices, pure honey. Exert your ingenuity, and watch carefully to see what agrees best.

Use Echthol and Listerine, equal parts, as a mouth-wash.—Ed.

Convulsive Seizures.

QUESTION:—Will the good Editor help me in the following case: Miss S., nineteen years old, fair skin, light hair, healthy looking; family history good. Says menses are regular every month. She has had, for the last nine or ten months, convulsive attacks at irregular times or at almost any time. She can tell when an attack is coming, when she is drawn backward until back of head and heels almost come together. Jaws are locked, fingers clinched, eyes closed, pulse is about normal, no perceptible change in color of face; feet and legs cold; entirely unconscious.

These attacks are said to be very much worse at, or about, the menstrual period.

Attacks last from one to two hours, when patient will rouse up and appear dull and stupid for some time afterward.

Patient has been treated by several doctors, without good results.

Now, as to the cause of trouble. She thinks it was caused by lifting a tub of water. Patient felt sharp pain in lumbar region of spine, at which point there is a very tender spot.

Patient's health was good previous to that time, spells having come on gradually after hurt. Patient came to me a very short time ago. I gave patient mixture of Peacock's Bromides and Aletris Cordial for the present.

N. C.

W. G. RAY, M. D.

ANSWER:—Your treatment is good. Add to the mixture of Peacock's Bromides and Aletris Cordial, thirty drops tincture of

capsicum to each dose. Apply small blisters over the tender spot in lumbar spine, and also to back of neck. Daily hot foot-baths to act as revulsive. Secure daily free movement of the bowels.

Should not lie on her back, should not walk, stand, lift, or do anything which will strain or wrench the damaged spine. Employ bathing and massage to help circulate the blood in lieu of active exercise.

Patient, persevering treatment now may effect a perfect cure. If the spine is left in a weakened state, the pelvic organs and lower limbs will suffer for it, and patient may become a permanent invalid.

Twenty-drop doses ethereal tincture of lobelia seed or a hypodermic injection pilocarpine will terminate the spasmodic attacks.

Examine bimanually for misplaced uterus, prolapsed ovary, etc.—Ed.

Moles.

QUESTION:—Is there anything that will stop a mole from growing? Patient has one on the face, which, as yet, is not very large, but it is slowly increasing in size. Would like to have its growth checked, if there is anything that can be put on it that will not be dangerous.

Ga.

S. C. S.

ANSWER:—Use ethylate of sodium, fifty per cent solution. It comes ready prepared in ounce vials. Cut a small hole in piece of adhesive plaster, large enough to admit the tip of wart, and just touch the end with the sodium solution. If it does not shrivel promptly, repeat the application at suitable intervals. Be sure to use the plaster or a wax coating to protect the surrounding tissues from the caustic, and use very little at a time.—Ed.

Hay Fever.

QUESTION:—Give treatment for severe case of hay fever, eyes and nose running all the time. General health good. All functions regular.

Mo.

S. D. C., M. D.

ANSWER:—Give ten grains bismuth subnitrate with one-eighth grain ipecac three times daily. Alternate with Neurilla, drachm four times a day. Keep eyes and nose clean with solution boric acid.—Ed.

Numbness and Cramp of Right Arm.

QUESTION:—I want some advice in the following case: A married lady, mother of two children, thirty-four years of age, complains of pain in right arm and shoulder, especially at night, after having worked at her household duties. She says she gets some relief by swinging her arm over the edge of the bed so the blood can flow down it freely. Also some numbness, which seems more marked in ring and middle fingers, running down her arm and hand.

This trouble has been noticed for ten years, and at times gives her so much trouble she can scarcely use her arm. No swelling or atrophy. Not confined to joints, but seems to affect the whole right arm.

Lady in good health aside from some catarrh of head. Any help from the readers of the BRIEF will be very gladly received and especially would ask its clever Editor for advice in this. What is the trouble, and what must be the treatment in order to obtain relief? I wish the dear old BRIEF and its readers success and hope to obtain some help in the case, as I am particularly interested on account of the patient being my wife.

Democrat, Ky.

T. A. Cook, M. D.

ANSWER:—Rub the arm, shoulder, over cervical and dorsal spine, well with chloroform liniment night and morning. Give her ten to twenty drops each fluid extract *hydrastis canadensis* and aromatic cascara sagrada three times daily after meals. Examine the urine carefully. Suspect renal or bowel insufficiency, and the catarrh in head may act as a source of irritation. Let us hear from others. The condition is common enough.—Ed.

Palpitation of Heart.

QUESTION:—I would be glad for your diagnosis and treatment in the following case: A woman was confined. Child six weeks old. Her last labor was normal. Had easy time. She is a mother of five children. Age twenty-seven. Previous health good, except little nervous spells after working hard all day. She has pain in left side near heart, difficulty in breathing, smothering spells twice or three times daily. Very weak and anemic.

I have given her bromide potash and chloral hydrate for the nervous spells and have given her tinct. nux vom. and tinct. digitalis; also Fowler's solution arsenic, valerian and various tonics. Will you give me your opinion in your next issue?

Essex, Mo.

J. P. BRANDON, M. D.

ANSWER:—Feed her, six times daily, *small* portions of fluid or semi-solid food. Use Bovinine, a good meat juice. Liquid Bread, etc., to help out nutrition.

Give two Cactina Pillets with dessert-spoonful of Elixir Lactopeptine four times daily.

Light massage three times a week at bed-time. Prohibit her working so hard until she has regained her strength. Do not give her any more medicine until nutrition is built up some. See that she gets an outing every day without too much fatigue.

Welch's grape juice is a good tonic in these feeble bloodless states. Do not give strong medicines in debilitated states; they exact more response than the system is capable of making without detriment.

Nervousness will abate as nutrition improves; if not, give Neurilla, teaspoonful four times daily, and apply mild counter-irritation to upper half of spine.

Of course you will see bowels move regularly.—Ed.

Marasmus.

QUESTION:—Little girl, three years old, very thin and wizened-faced. Sweats a great deal. Abdomen prominent. Restless. Always hungry. What treatment would you advise?

Mich.

C. B., M. D.

ANSWER:—Give half teaspoonful of Seng after each feeding and half a drachm syr. calcium lactophosphate three times daily. Have her rubbed with olive oil every night and sponged off with alcohol in the morning.

See that the diet is nourishing, keeping an eye on the character of stools and occasionally give a little orange or grape juice.—Ed.

Pruritus of Genitals.

QUESTION:—Male, aged thirty-seven, stout, hearty, weighing two hundred and seventy-five pounds. Never sick in his life, is much annoyed by itching and burning of sexual organs. No venereal disease. Give treatment.

III.

S. T., M. D.

ANSWER:—Give three to five minims English wine of colchicum, with drachm Lithiated Hydrangea, three times daily. Occasional saline purge. Fluid diet, chiefly milk and fruit juices.

Locally, an ointment of carbolic acid thirty grains, bismuth subnit. one drachm to the ounce of base, or preferably, applications of Ecthol, full strength, will subdue the itching.—Ed.

**Pil.
Cascara
Cathartic**
(W. R. WARNER & CO.)

FOR
Constipation

R Cascarin.
Aloin, aa $\frac{1}{4}$ gr.
Podophyllin, $\frac{1}{4}$ gr.
Ext. Belladon, $\frac{1}{4}$ gr.
Strychnin, 1-60 gr.
Gingerine, $\frac{1}{4}$ gr.

DOSE: 1 to 2 60 Cts. per 100

**Pil.
Digestiva**
(W. R. WARNER & CO.)

FOR
Indigestion

R Pepsin Concentrat, 1 gr.
Pv. Nuc. Vom., $\frac{1}{4}$ gr.
Gingerine, 1-16 gr.
Sulphur, $\frac{1}{4}$ gr.

DOSE: 1 to 2 60 Cts. per 100

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give the highest possible therapeutic effect of a prescribed remedy. This process preserves the activity of ingredients until ingested, when they are released with full therapeutic value. For uniform results specify "Warner."

WE ORIGINATED SUGAR-COATED PILLS.

Largest Pill Factory in the World

W. R. WARNER & CO., PHILADELPHIA, NEW YORK, CHICAGO.

**Pil.
Chalybeate**
(W. R. WARNER & CO.)

FOR
Phthisis and Anemia

R Ferri Sulph., 1 $\frac{1}{4}$ gra.
Potass. Carb., 1 $\frac{1}{4}$ gra.
PINK.

DOSE: 1 to 4 40 Cts. per 100

**Pil.
Arthrosia**
(W. R. WARNER & CO.)

FOR
Rheumatism

R Acid Salicylic.
Ext. Colchicum.
Ext. Phytolacca.
Res. Podophylli.
Quinina.
Pv. Capsici.

DOSE: 1 to 2 60 Cts. per 100

In Writing to Advertisers, Mention Medical Brief.

Information Wanted.

QUESTION:—To assist me in getting data in regard to predicting the sex of unborn children, will the BRIEF readers answer me the following questions and forward them to my address?

Panama, Neb.

DR. L. WAS.

1. How many cases do you know where you could state the exact time coitus took place, the previous menstruation, the next menstruation (if any), time of delivery and sex of child?

2. (a) Is mother strong and healthy and generative organs well developed? (b) Was she healthy at time of conception?

3. (a) Is father strong and healthy? (b) Was he so at time of coitus?

4. If you have one or more friends who have had experience with horses and cattle, ask them: Is it generally true that early conception gives females, late one, males?

Please answer question 1 like this:

1.

Menstruation, July 20, 1901.
Coitus, August 14-16.
Slight menstruation, August 17.
Delivery, April 1, 1902.
Sex, male.

2.

Menstruation, July 20.
Coitus August 10-14.
Menstruation, none.
Delivery, March 26, 1902.
Sex, female.

Chorea.

QUESTION:—Give treatment for lady patient, aged nineteen, five months pregnant, suffering from chorea. Has always been very nervous. Stout, but flabby.

Mo.

P. A., M. D.

ANSWER:—Give her a drachm of *Neurilla* four times daily in alternation with *Aletris Cordial*. Two grains of the tartrate of iron and potash, with each drachm of the cordial, a dose three times daily. Watch the urine carefully to see that the amount of urea keeps up to the standard. Look for sources of reflex irritation, especially in head and throat. Regulate bowels. Nutrition must be abundant, but only light, digestible articles are admissible. Sponge the spine with cold water, follow with friction.—ED.

Ringworm.

QUESTION:—Give me a good remedy for ringworm and oblige

Kan.

AN OLD SUBSCRIBER.

ANSWER:—Make a saturated solution of common salt, and apply every day until symptoms of irritation, then keep soaked with *Ecthol*, full strength, on lint.—ED.

Urticaria.

QUESTION:—I have been troubled with an eruption for two months past. The common name for it is nettlerash. It makes its appearance more at night. Some of the wheals are as large as a butterbean. I have tried various remedies. They did not help me any. I first took calomel; also broken doses of salts. I then took cream of tartar, phosphate of soda, also sarsaparilla. I took acetate potash for my kidneys. I want you to prescribe for me. I can not rest at night. I am sixty-eight years old. I want you to do something for me, if you can. I have been taking your journal for twenty-five years.

Miss.

L. E. CARTER, M. D.

ANSWER:—Take a drachm of *Ecthol* every three hours, with one-twelfth to one-eighth grain hydrochlorate pilocarpine three times daily. After several days omit the pilocarpine, but continue the *Ecthol* until well. Also apply the remedy to the eruption.—ED.

Curvature of Penis.

QUESTION:—Young man, twenty-eight years old, has had curvature of the penis from early youth to such an extent that intercourse is very difficult. Intends to get married shortly and would like to be cured. Has been advised by other doctors to have operation performed, and by others not to use the knife. Has never had any disease of the organ. Will you please advise me if there is any cure for curvature without the use of the knife? When erection of penis is caused, it will stand out from the body, with a downward curve.

Indiana.

DR. KARL.

ANSWER:—We know of no means by which a malformation, such as that described, can be relieved except the removal of a wedge-shaped piece. We can offer no advice in the matter. Consult an experienced surgeon.—ED.

Neurotic Bowel.

QUESTION:—Man, aged forty, has been troubled for more than a year past with alternating constipation and diarrhea. His appetite is capricious and he is losing flesh. Family history good, and has always been healthy.

Ind.

C. T., M. D.

ANSWER:—

R. Tinct. Nuc. Vom. 1 drachm.
Seng. 3 ounces.
Chionia. . . . q. s. ad. 8 ounces.

M. Sig.: Teaspoonful three times daily after meals.

Change the diet. Boiled water. Flannel underwear. One Pil. Quin. Dad morning and night.—ED.



"WELL, WELL, WELL!!!
NO WONDER MY
 DIABETIC PATIENT
 IS NO BETTER.
 THIS IS NOT
 ARSENAURO, IT
 IS A
FRAUD."

CREST
OF
PROFESSIONAL

INSIST UPON SEAL ON NECK

ARSENAURO RESULTS.



THE PARMELE CO., 36 PLATT STREET, NEW YORK.

NEITHER
OR ANTISEPTIC
IN THE SENSE IN WHICH THOSE
WORDS ARE USUALLY UNDER-
STOOD. IT IS ANTI-PURULENT,
ANTI-MORBIFIC--A CORRECTOR
OF THE DEPRAVED CONDITION
OF THE FLUIDS AND TISSUES.

SAMPLE (12-oz.) BOTTLE SENT FREE ON RECEIPT OF 25 CTS.

FORMULA:--Active principles
of Echinacia and Thuja.

BROMIDIA
IODIA
PAPINE

BATTLE & CO., CHEMISTS CORPORATION, **ST. LOUIS, MO., U. S. A.**

In Writing to Advertisers, Mention Medical Brief.

Nasal Catarrh.

QUESTION:—I come to you again for help, this time in a case of chronic nasal catarrh. Hearing somewhat involved. Digestion not very good. Troubled with constipation, etc. Patient wants to be put in good shape, and is able to pay for it.

Ark.

P. S., M. D.

ANSWER:—You will have to regenerate this patient's digestive tract. Plainly the catarrhal process has hold of liver, stomach and bowel. Look after his hygiene; regulate habits, diet, wearing apparel, etc.

R Ferri et Potass. Tart.....2 drachms.
Ext. Hydras. Can. fl.....1 ounce.
Cascara Aromat. 1 ounce.
Chlonia....q. s. ad.....8 ounces.

M. Sig.: Teaspoonful in water after meals.

A dry rub down every morning. Light massage of face and neck three times a week. Use a spray of Listerine solution, to which may be added a little colorless hydrastis, to cleanse and toughen mucous membrane of nose.—Ed.

Ingrown Toe-Nail.

QUESTION:—Can the Editor, or anyone, give me a satisfactory treatment for ingrowing toenail?

N. H.

MEDICUS.

ANSWER:—See that the patient wears shoes and stockings long enough for him. Also that he walks right, rising on ball of foot. Straighten the toe out (nine times out of ten such a toe is curled up, overgrown, and misshapen from crowding, pressure, non-use), and put a small roll of cotton underneath to hold it out. Cut a wedge-shaped piece from center of nail, dig under matrix as much as you can without pain, then keep the nail and end of toe wet in a saturated glycerine solution of salicylate soda. Put no water in this solution.—Ed.

Cardiac Debility.

QUESTION:—Give treatment for weak heart, following typhoid fever, and oblige.

Mich.

L. G., M. D.

ANSWER:—Give two Cactina Pillets with a drachm of Seng three times daily to tone the organ, and then give mechanical assistance to the circulation by means of massage. Also daily sponge baths, alternating hot soapsuds with the use of alcohol.—Ed.

Night Sweats.

QUESTION:—I have a patient who is much troubled with night sweats. She is forty-five years old and appears healthy otherwise. Awakes in the morning drenched with perspiration and on leaving her bed is seized with such rigors she can scarcely complete her dressing. What is the cause of this trouble and what should be the treatment?

Ky.

PRACTITIONER.

ANSWER:—It is probably a vaso-motor neurosis incidental to her time of life. Give one Pil. Quin. Dad three times daily with one-half grain dried ferrous sulphate.

Put a teaspoonful of Kennedy's Dark Pinus Canadensis in half glass of water on a table by the bed, and tell her to sip it during the night.—Ed.

Put the pilocarpine, but continue the ethol until well. Also apply the remedy the eruption.—Ed.

Curvature of Penis.

QUESTION:—Young man, twenty-eight years of age, has had curvature of the penis from early youth to such an extent that intercourse is very difficult. Intends to get married shortly and would like to be cured. Has been advised by other doctors to have operation performed, but by others not to use the knife. Has never had any disease of the organ. Will you please advise me if there is any cure for curvature without the use of the knife? When erection of penis is caused, it will stand out from the body, with a downward curve.

Indiana.

DR. KARL.

ANSWER:—We know of no means by which a malformation, such as that described, can be cured.

Ulcer of Leg.

QUESTION:—Am having trouble with a discharging ulcer on left leg. Tissues flabby, tender and sore. Patient all run down. Come to my assistance.

Md.

E. C., M. D.

ANSWER:—Spray thoroughly with strong solution Hydrozone, dry with absorbent cotton and dredge heavily with iodoform. Bandage leg snugly, from toes to thigh. Internally give a dessertspoonful equal parts Iodia and Ethol three times daily with one Pil. Quin. Dad morning and evening.

See that your patient gets plenty of fresh air and is not overworked. The concentrated food essences will help you in the matter of nourishment.—Ed.

ON THE TOP CREST OF

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WHY

Because, as has been conclusively demonstrated, there is no disease condition 'from the cradle to the grave' that is not benefited by the proper use of **SALINE LAXATIVE**.

Because there is no line of treatment tending toward the re-establishment of that physiological equilibrium called health that is not aided by its use.

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Therefore, use **ABBOTT'S SALINE LAXATIVE**.

Keep it on hand.

Samples and literature on request.

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The Abbott Alkaloidal Co.

Branches: New York
and San Francisco

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Chicago

Undeveloped Organs.

QUESTION:—Would like some assistance in a case of undeveloped sexual organs. Patient young man, aged twenty-seven, good health, no bad habits. Never had any venereal disease.

Md. J. H., M. D.

ANSWER:—Put him on Sanmetto and keep him on it six months. If he is an athlete, or is over-worked physically, put a stop to it. Should have the most nourishing and digestible food.—Ed.

Constipation.

QUESTION:—Please give treatment for case of obstinate constipation, following a severe attack of typhoid fever.

Wis. H. D. G., M. D.

ANSWER:—

R Ethol 4 ounces.

Chionia 4 ounces.

M. Sig.: Teaspoonful four times daily.

Massage three times a week, and make the diet as generous as you dare.—Ed.

Spermatorrhea.

QUESTION:—Give treatment for young man of neurotic tendencies, suffering from debilitating emissions. Never had any venereal trouble; of chaste habits.

Cal. S. C., M. D.

ANSWER:—Try Neurilla, drachm doses, four times daily. It is excellent in secretion neuroses. If urethra is found hypersensitive, injections of weak solution nitrate silver at suitable intervals will help. Brief, cold douche, with vigorous rubbing to lumbar spine.—Ed.

Contraindications.

QUESTION:—Will the profession kindly give me the contraindications as to vaccination? How about cancer of womb or breast, or cancer elsewhere; pulmonary consumption; pregnancy beyond seventh month?

Wish the BRIEF continued success.

RUSSELL D. HOLT, M D.

White River, Ariz.

SYRUPUS ROBORANS.

SYRUP HYPOPHOSPHITES
COMP. WITH QUININE.
STRYCHNINE AND MANGANESE.

1-128 grain Strychnine to teaspoonful.

The pharmaceutical skill displayed in making this favorite compound more stable and agreeable deserves the approbation of the profession.

Syrupus Roborans as a Tonic During Convalescence has no Equal.
As a nerve stimulant and restorative in wasting and debilitating diseases, as a constructive agent in Insomnia, Pneumonia, Tuberculosis, Bronchial Asthma, Marasmus, Strumous Diseases and General Debility, this compound has no superior. Owing to the solubility of the salts, addition can be made of Fowler's Solution, Syrup Iod. Iron, Iod. Potass., etc., giving the advantages of those remedies without interfering with the stability of the preparations. **SYRUPUS ROBORANS** is a perfect solution, and will keep in any climate.

DR. W. O. ROBERTS says: "In cases convalescing from 'La Grippe' Syrupus Roborans has no equal."

MESSES. ARTHUR PETER & CO., Louisville, Ky.

GENTLEMEN:—The excellence of your preparations—"SYRUPUS ROBORANS" and "PEPTIC ESSENCE COMP."—cannot be questioned. I use both in my practice, and have always been pleased with the effect of each.

Respectfully

J. M. MATHEWS, A. M., M. D.,

Prof. of Surg. and Diseases of Rectum, Hosp. Coll. of Med.; ex-Fres. Am. Med. Ass'n and Miss. Valley Med. Ass'n; Pres. Ky. State Board of Health.

PETER'S PEPTIC ESSENCE COMP.

A POWERFUL DIGESTIVE FLUID IN PALATABLE FORM.

Please note that Essence and Elixir Pepsin contain only Pepsin, while in Peter's Peptic Essence Comp. we have all the digestive ferments. These are preserved in solution with O. P. Glycerine in a manner retaining their full therapeutic value, which is exerted in and beyond the stomach.

It is a Stomachic Tonic, and relieves Indigestion, Flatulency, and has the remarkable property of arresting vomiting during pregnancy. It is a remedy of great value in Gastralgia, Enteralgia, Cholera Infantum, and intestinal derangements, especially those of an inflammatory character. For nursing mothers and teething children it has no superior. Besides mere digestive properties, Pepsin and Pancreatine have powerful soothing and sedative effects, and are, therefore, indicated in all gastric and intestinal derangements, and especially in inflammatory conditions. It is perfectly miscible with any appropriate medium. In certain cases the addition of Tr. Nux Vomica gives much satisfaction. Please write for Peter's Peptic Essence Comp. and you will not be disappointed. These preparations are held strictly in the hands of the medical profession, never having been advertised as popular remedies, nor put up with wrappers and circulars exalting on the use of the Hypophosphites or Digestives, thus educating the public in the use of these valuable compounds.

Express Charges at Your Expense.

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GLYCO-THYMOLINE

(KRESS)



Birmingham Nasal Douche.

A PURGATIVE For Mucous Membrane

INDICATED IN ALL CATARRHAL CONDITIONS, ESPECIALLY

NASAL CATARRH

"Glyco-Thymoline (Kress) is well adapted for the treatment of catarrhal conditions of the mucous membranes. I have frequently employed it with benefit in nasal, buccal and bronchial affections. Direct local medication is of much advantage in these cases. In some instances we may safely depend on topical measures alone; in those where internal treatment is also necessary, Glyco-Thymoline (Kress) proves an excellent adjuvant."

MEDICAL BULLETIN, Phila., Pa., March, 1899.

SPECIAL OFFER

A full-size bottle of Glyco-Thymoline (Kress) will be sent to any physician who will pay express charges. K & O Douche to physicians, 15 cts.; \$1.50 per doz. Retail 25 cts. Remit stamps.

KRESS & OWEN COMPANY, Chemists, 221 Fulton Street, New York

HASTENS RESOLUTION AND FOSTERS CELL GROWTH

HEALTH AND COMFORT ARE PROMOTED BY WEARING

The Dr. Deimel Undergarments.



They are worn by many of the leading medical authorities, and endorsed by them as far superior to wool, cotton or silk underwear.



Write for free booklet and samples of the fabric, and investigate our claims. Address,

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The Deimel Linen-Mesh System Co.

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SAN FRANCISCO, CAL., 111 Montgomery Street
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The well-known manufacturers of Surgical Dressings and Supplies, J. Ellwood Lee Co., Conshohocken, Pa., have the exclusive manufacture and sale of Surgical Dressings, Supporters and Suspensories made of Dr. Deimel Linen-mesh.

Pseudo-Membranous Enteritis.

QUESTION:—Man, aged forty-seven, suffers from periodical colics, resulting in the discharge from the bowels of a cast of same, after which he feels better, but is gradually losing weight and looks bad. Has been treated by several physicians, but received no permanent benefit.

Va.

B. G., M. D.

ANSWER:—Give him twenty drops hy-drastis canadensis, fluid extract, and forty of Iodia, three times daily, after meals. Make a girdle of counter-irritation about umbilical region; also, one Pil. Quin. Dad three times a day. Diet mostly fluid.—Ed.

Lienteric Diarrhea.

QUESTION:—Please tell me what to do in this case: Patient, male, aged fifty-six. Pale and thin. No appetite; indigestion, with frequent watery stools. Have tried opium and a variety of vegetable astringents, with only temporary benefit.

Ohio.

B. E., M. D.

ANSWER:—Give three minims Fowler's solution with drachm doses Listerine three times daily, with two grains phosphate of soda several times daily. Feed albuminoids almost exclusively, small quantities at frequent intervals. Broiled beef pulp, Bovinine, etc.—Ed.

Sensory Neurosis.

QUESTION:—Young man, aged twenty-seven, of highly excitable temperament, is troubled with premature ejaculation. Never had any venereal disease. Organs perfectly healthy. What would you suggest?

Ohio.

D. S., M. D.

ANSWER:—Neurilla, a teaspoonful three or four times daily, will almost certainly relieve this condition. In conjunction, cold hip baths may be tried if patient vigorous, and not easy to take cold.—Ed.

Dropsy.

QUESTION:—Want relief for case of dropsy, following a long spell of fever this summer.

Tenn.

F. C., M. D.

ANSWER:—Try fluid extract apocynum cannabinum, ten drops every three hours. Do everything you can to tempt appetite and build up nutrition. Give a drachm of Seng after meals to stimulate assimilation, and avoid giving too much food at any one time.—Ed.

Uremic Poisoning.

QUESTION:—Lady patient, aged thirty-five, suffers from periodical attacks of vomiting and purging, with severe headache, backache and muscular cramps. Sometimes large, round, red spots appear all over body. What is the cause of trouble? Give treatment.

N. C.

G. W., M. D.

ANSWER:—Suspect uremic poison. Examine urine. Give arsenite of copper one five-hundredth grain every two hours or so, with Lithiated Hydrangea, drachm three times daily. Largely milk diet. One Pil. Quin. Dad three times daily for a few days at intervals. Also an occasional course of solution phosphates. Keep skin active. Sweat baths and electricity.—Ed.

Impetigo.

QUESTION:—Boy, seven years old, suffering from eruption on face and hands. Chin and upper lip covered with yellow crusts. Very stubborn case. Any suggestions as to treatment will be appreciated.

N. Y.

H. L., M. D.

ANSWER:—

R Vini Ferri Amari.....2 ounces.

Ecthol 6 ounces.

M. Sig.: Teaspoonful four times daily.

Make applications of following ointment once daily:

R Bismuth Subnit..... $\frac{1}{2}$ drachm.

Ung. Hydrarg. Ammon..... $1\frac{1}{2}$ drachms.

Ung. Simplicis $6\frac{1}{2}$ drachms.

M. ft. ung.

Frequent bathing, abundance of fresh air and nourishing food.—Ed.

Obstinate Lochial Discharge.

QUESTION:—Want a remedy to control continuous lochial discharge. Something that will not harm the milk. Patient was recently delivered of third child, and is becoming anemic from the drain. Milk supply threatens to give out.

Ill.

T. E., M. D.

ANSWER:—

R Tinct. Nuc. Vom.....1 drachm.

Vini Ferri Ammon.....2 ounces.

Aletris Cordial....q. s. ad....8 ounces.

M. Sig.: Teaspoonful four times daily.

Feed blood-making foods, beef, oysters, eggs, milk, rich broths, grape juice, etc.

Do not let the patient exert herself much. It may become necessary to cur-ette the uterus or pack with gauze to arouse it from inertia. Where Aletris Cordial is taken during gestation, this trouble seldom arises.—Ed.

A Vitalizing Tonic to the Reproductive System.

SANMETTO

—FOR—

GENITO-URINARY DISEASES

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN
Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder.

POSITIVE MERIT AS A REBUILDER

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.

PRE-SENILITY.

PRE-SENILITY or premature old age, is a too early decline of the virile and physical powers, manifested by a commencing decadence of the reproductive glands—such as a wasting or atrophy of either the Prostate, Testes, Mammæ or Ovaries—caused by masturbation, sexual excesses or sedentary habits.

SANMETTO is the indicated remedy, as it is unexcelled as a vitalizing tonic to the withered glands of the reproductive system, promoting their normal secretory activity. Its continued and regular use for some weeks produces results which are satisfactory to both physician and patient.

SANMETTO is a true TONIC, not a stimulant, to the reproductive organs and mucous surfaces, hence its use for a sufficient period restores their normal functions.

OD CHEM. CO., NEW YORK.

Pre-Senility and Kidney and Bladder Troubles.

I have been prescribing Sanmetto for the past five years, in kidney and bladder troubles. Have always found it eminently satisfactory. I used it in one case in particular, where the patient was suffering from pre-senility, and a lack of tone was manifested in the testes. After he had taken two bottles of Sanmetto, they became firm and normal. He was the best-pleased patient I have had in a long time. In this case I combined Tinct. Nux Vomica. I am well pleased with Sanmetto, and shall continue to prescribe it in all cases of an inflammatory character of bladder, kidneys or urethra.

A. S. BARGER, M. D.

Mill Creek, Ill.

Enlarged Prostate and Vesical Irritation.

I have used Sanmetto in cases of enlarged prostate and vesical irritation, for a number of years, with good success. It allays the inflammation, reduces the congestion, and tones the parts to normal vigor. I am reminded of a case I treated in 1897, who, apparently, is cured; man, sixty-three years of age, with hypertrophy of the prostate—compelled to urinate from twelve to fifteen times each night, and was compelled to use a catheter. Sanmetto evidently cured him in about four months.

P. S. REPLOGLE, M. D.

Chicago, Ill.

Thoroughly Reliable in Prostatic and Vesical Irritations.

Sanmetto has been used by me for several years past, and with such results that I feel justified in endorsing it as a thoroughly reliable and efficient preparation, in the use of which, failure is practically unknown. Previous to using Sanmetto, I must admit that the drugs at my disposal did not meet my approbation in the treatment of prostatic and vesical irritations, of both acute and chronic form. Happily, these conditions are now reversed, and I feel confident of results, with the use of Sanmetto.

WM. H. GARDINER, M. D.

Philadelphia, Pa.

Vesicular Irritation in Stricture and Enlarged Prostate.

I have used Sanmetto constantly in my practice in genito-urinary cases for the last five years, and have never been disappointed in my use of it. I find that Sanmetto will relieve vesicular irritation in stricture and enlarged prostate cases, almost from the first day, and it is the only remedy I know of that I can absolutely depend upon every time. I shall continue to use it, whenever I need a stimulant-sedative to the mucous membrane of the genitalia.

Atlanta, Ga. F. A. WYNNE, M. D.

Irritability of the Bladder.

I used Sanmetto in a case of an aged lady, suffering from irritability of the bladder, and chronic inflammation of the urethra. I am happy to state that she stated to me, before she had taken all of the contents of the one bottle: "Doctor, that medicine has cured me. I am well." However, I advised her to continue taking the medicine until she had taken two bottles. I shall try Sanmetto in other cases, as soon as I can procure a supply.

Rings, N. J. C. W. LARISON, M. D.

Enlargement of the Prostate, with Usual Complications.

I beg to report the following case: An old gentleman, seventy years of age, with the usual trouble at that age, of enlargement of the prostate gland, bladder sympathy, etc., in fact, he was suffering from every complication usually found in such cases. He had been treated by me for several weeks, with no perceptible results, when, at last, I thought of Sanmetto, and now, after having used six bottles, he considers himself well, and so do I.

A. H. ASHLEY, M. D.

Fruit Hill, S. C.

Enlarged Prostate.

I prescribed Sanmetto for incontinence of urine, arising from enlarged prostate gland. Patient began improving on second day. I shall continue to use Sanmetto in my practice, for diseases of the genito-urinary organs.

A. C. ORR, M. D.

Wilmington, Cal.

Incontinence of Urine.

So far as I have used Sanmetto it has been satisfactory. I have used it in one case of incontinence of urine, and in two cases of what I considered irritation of the bladder, and in another case where I thought the kidneys were at fault. In some of these cases I continued this remedy for some time before getting satisfactory results. I consider Sanmetto a good and reliable remedy in such cases.

Fairfield, Ill. T. M. ROGERS, M. D.

Hypertrophy of the Prostate and Cystitis.

My experience with Sanmetto, in prostatic trouble, has been good. I have treated eight cases of chronic hypertrophy of the prostate, and obtained good results. In cystitis it is excellent. It reaches far beyond any other remedy that I have seen, tried or used myself for this trouble.

ALLEN D. JOHNSON, M. D.

Atlanta, Ga.

Enuresis.

The case of enuresis in which I used Sanmetto was a difficult one, and showed considerable improvement during its use. A severe prostatic attack of pertussis interfered with getting complete results. I was favorably impressed with the remedy, and hope to give the patient another trial of it.

W. W. PURSELL, M. D.

White House Station, N. J.

Enuresis.

I have been giving Sanmetto to my little girl, eight years of age. She has been "wetting the bed" for four or five years. She has used about two-thirds of a bottle of Sanmetto, and is much better, but not entirely cured. We will keep the Sanmetto up, until she takes another bottle.

Kearney, Mo. A. L. NORFLEET, M. D.

Incontinence of Urine.

I used Sanmetto in a case of incontinence of urine in a young lady, with gratifying results.

A. W. BOSWORTH, M. D.

Chicago, Ill.

Sanmetto Preferable to any Tincture or Fluid Extract of the Saw Palmetto Berry.

I have prescribed Sanmetto in some acute, and in many chronic diseases of the genito-urinary organs during the past several years, and it has given almost unvarying satisfaction. When I have an indication for Saw Palmetto, I prefer Sanmetto to any tincture or fluid extract of the berries upon the market.

Atlanta, Ga. J. G. SEXTON, M. D.

Cystitis.

I used Sanmetto in a very stubborn case of cystitis, with good results. I have used it in several cases of kidney and bladder troubles, and have always found that the remedy can be depended upon. I would especially recommend it in cases of old men who are losing their virility.

Proctor, Tex. A. L. CARLETON, M. D.

Urethritis and Enuresis.

I have found Sanmetto to be of great benefit in the treatment of genito-urinary diseases, and prescribe it quite frequently. In cases of urethritis, causing frequent micturition, I have used it with excellent results, as well as in incontinence of urine in small children.

WM. O. BYE, M. D.

Kansas City, Mo.

Diseases of the Genito-Urinary Tract.

To make a short statement, I will say that I prescribed Sanmetto when indicated, and I must say it is very useful in certain diseases of the genito-urinary tract. Every druggist in town keeps Sanmetto.

F. C. FLOECKINGER, M. D.

La Grange, Tex.

Inflammatory Enlargement of the Prostate.

I tried Sanmetto in a case of inflammatory enlargement of the prostate. While it did not cure the patient, it benefited him. I believe Sanmetto will give satisfaction in most all urinary affections.

Flora, Ark. J. E. SUTTON, M. D.

Never to be Forgotten in Prostatic Enlargement.

I have used Sanmetto in bladder troubles, particularly in prostatic enlargement of middle-aged and elderly men. In it I have found an efficient remedy, and one never to be forgotten.

WM. YEARSLEY, M. D.

Philadelphia, Pa.

Bladder Troubles of Old Men.

For several years back I have used Sanmetto in those troublesome bladder cases, so prevalent among old men. Results have been gratifying, and I consider it a very valuable remedy in such conditions.

G. M. D. PELTZ, M. D.

Philadelphia, Pa.

Prostatitis and Cystitis.

Cases of prostatitis and cystitis, in which I have used Sanmetto, have responded to treatment so readily that I feel justified in saying that Sanmetto can be successfully used in such conditions.

R. E. DWIGHT, M. D.

Philadelphia, Pa.

Catarrhal and Gleet Troubles of the Bladder and Urethra.

I have used Sanmetto in my practice for a number of years, and find it to be a most excellent remedy in catarrhal and gleet troubles of the bladder and urethra.

G. A. VINSON, M. D.

Atlanta, Ga.

Prostatic Trouble.

I gave Sanmetto to a friend of mine, who had been troubled for years with prostatic trouble. He obtained relief so promptly that he requested me to order a good supply from my nearest jobber.

Ladd, Ill. J. P. BUTLER, M. D.

Gonorrhea and Enuresis.

I can recommend Sanmetto very highly in the treatment of gonorrhea and enuresis. I have had occasion to prescribe it on several different times, with excellent results.

R. S. BENTLEY, M. D.

Joliet, Ill.

Prostatic Disorders.

I should speak for Sanmetto, in my experience, as an excellent remedy for prostatic disorders in old gentlemen. Does all claimed for the remedy.

A. B. LICHTENWALNER, M. D.

Philadelphia, Pa.

Genito-Urinary Inflammations.

To whom it may concern: This is to certify that I have prescribed Sanmetto in many cases in genito-urinary inflammations, with marked success, both gratifying to patient and physician.

L. E. WHEAT, M. D.

Philadelphia, Pa.

Weakness of Bladder and Urethra.

I used Sanmetto in a case of weakness of the bladder and urethra. Power of retaining urine was increased, also a sense of virility. The patient was well advanced in years.

GEO. B. CHARLES, M. D.

Chicago, Ill.

Cystitis and Prostatitis.

I have been using Sanmetto for several years, in the treatment of cystitis and prostatitis, with the best of results.

Atlanta, Ga. J. W. MITCHELL, M. D.

Cystitis.

I have found Sanmetto very beneficial in the treatment of cystitis. The results have been very satisfactory.

WASHINGTON H. BAKER, M. D.

Philadelphia, Pa.

Genito-Urinary Diseases.

I have used Sanmetto extensively in my practice, and consider it a very valuable remedy, in the treatment of genito-urinary diseases.

EDWIN H. MILLER, M. D.

Philadelphia, Pa.

Genito-Urinary Troubles.

I take pleasure in stating that I have used Sanmetto in my practice for five or six years, and find that it gives good results in genito-urinary troubles.

Atlanta, Ga. J. P. ROSSER, M. D.

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I have used Sanmetto in bladder troubles, particularly in prostatic enlargement of middle-aged and elderly men. In it I have found an efficient remedy, and one never to be forgotten.

WM. YEASLEY, M. D.

Philadelphia, Pa.

Bladder Troubles of Old Men.

Bolls.

QUESTION:—Boy, aged seventeen, has a severe case of bolls. As fast as one crop is cured up, another appears. He had a long spell of fever this summer and after he was pronounced convalescent these bolls began troubling him. Have used sulphide of calcium, hypophosphites, etc., without effect on the bolls, though appetite is improved. What would you suggest?

Tenn.

H. L., M. D.

ANSWER:—Give him drachm doses of Ecthol every three hours, and apply same on lint to the bolls. If tongue clean, tissues relaxed and flabby, give, in addition, twenty drops tincture chloride of iron in water after meals, otherwise the Ecthol alone.—Ed.

Nervousness.

QUESTION:—Lady, aged forty-three, mother of five children, comes to me complaining of a bad case of nerves. Her limbs quiver under her. She drops every thing she handles, says she cannot see things steady, experiences flashes of heat and cold. Heart has a way of running off at a tangent now and then, and she feels as though she would choke to death. Her periods are regular, but somewhat excessive.

Cal.

R. E., M. D.

ANSWER:—Give her a saline purge two or three times a week, and a drachm of Neurilla four times daily. Think it is the menopause, but better examine urine to see if kidneys are doing full duty.—Ed.

Amenorrhea.

QUESTION:—Girl, aged sixteen, suffers from amenorrhea, with considerable leucorrhea. Anemic, no appetite. Parents fear a decline. Give treatment.

Pa.

H. H. S., M. D.

ANSWER:—Give a drachm of Aletris Cordial, with one Bland's pill three times

daily, and see that her *bowels move every day*. Take her corset off, insist upon a short daily walk, fruit for breakfast and nine o'clock bed-time. No long hours of study or piano practice. Deep breathing and brief calisthenics are good for these cases.—Ed.

Thuja.

Varicose ulcers yield readily to the same application, and I find no other so good in this variety of ulceration.

Equal parts of thuja and water or even full strength injected into the base of warts and moles will cause them to die, and be cast off without pain or danger.

Equal parts of thuja and water injected into the emptied sack of a hydrocele will abolish the morbid secretion of serum, and while I have never tried it in such cases, I have no doubt that the injection of a solution, one or two to eight, of the non-alcoholic solution of thuja into a bronchocele will by curtailing the blood supply remove the goitre.

Injected into pile tumors it will cause them to disappear and does not endanger the patient.—*Amer. Med. Jour.*

A Good Hint in Cases of Diarrhea.

Have ever in mind that the bowels are especially sensitive to changes in the general temperature, and protect against an undue influence by early applying a sufficiently thick flannel abdominal belt extending from the pubes to the sternum. A chamois belt is, in some respects, even better than flannel. Such a protection against temperature changes should not be removed until convalescence is thoroughly established.—*Clinical Review.*

Canker Sores.

Resorcin, thoroughly pulverized and of full strength, packed on the sore, and rubbed in as thoroughly as may be, is often very beneficial. When there is a disposition to recurrence, oil of cassia is one of the best forms of systemic medication. Twelve to fifteen drops may be added to half a tumbler of water, and a teaspoonful taken three times a day, before meals for several weeks.—A. W. HARLAN, *Dental Review.*

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Book Notices.

SEXUAL HYGIENE. Compiled from Books, Articles, and Documents, many not heretofore published. By the Editorial staff of the *Alkaloidal Clinic*, Chicago: The Clinic Publishing Co., Publishers. Price, \$1.00.

Works on Sexual Hygiene are always interesting, but this one seems, from the manner in which it is compiled, to be doubly so, and a glance at the table of contents will convince you of the fact: Preface, Preliminary Considerations, the Physicians' Club, Religion and Love, Sexual Frauds, Sexual Excess, the Effect of Coitus During Pregnancy and Lactation, Sex Problems in Education, Legal Aspects, Educational Aspects, Editorial Resumé, Woman Sexually, Imperfect Development of the Female Sexual Organs, Affections of the Male Sexual Organs Causing Impotence, Continence, Masturbation, Incomplete or Delayed Intercourse, Frequency of Intercourse, Married Courtship, Posture, Artificial Feundation, Management of Pregnancy, Diet to Influence Labor, Maternal Impressions, Determination of Sex, Restrictions of Marriage, Sexuality Must Not Dominate.

PRACTICAL SURGERY; A WORK FOR THE GENERAL PRACTITIONER. By Nicholas Senn, M. D., Ph. D., LL. D., Professor of Surgery, Rush Medical College, Chicago. Handsome octavo volume of 1133 pages, with 650 illustrations, many in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$6.00.

This is Dr. Senn's great work, and its appearance has been awaited by the profession with much interest, for it repre-

sents the practical operative experience of the author for the last twenty-five years. The book deals with practical subjects, and its contents are devoted to those sections of surgery that are of special interest to the general practitioner. Special attention is paid to emergency surgery. All emergency operations that come under the care of the general practitioner are described in detail and fully illustrated. The text is profusely illustrated, in the hope that this feature will add to the value of the book as a guide to practice.

ESSENTIALS OF THE DISEASES OF CHILDREN. By William M. Powell, M. D. Third edition. Thoroughly revised by Alfred Hand, Jr., M. D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12mo., 259 pages. Philadelphia and London: W. B. Saunders & Co. Price, \$1.00.

In this revised edition numerous additions and changes have been made in the book, so that it continues to represent the present state of pediatrics. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on Infectious Diseases has been rewritten, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others, one on Infant Feeding.

THE HYGIENE OF TRANSMISSIBLE DISEASES: THEIR CAUSATION, MODES OF DISSEMINATION AND METHODS OF PREVENTION. By A. C. Abbott, M. D., Professor of Hygiene and Bacteriology, University of Pennsylvania. Third edition, revised and enlarged. Octavo, 351 pages, with numerous illustrations. Philadelphia and London: W. B. Saunders & Co. Cloth, \$2.50.

(Continued on page 1710.)



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MARVELOUS DISPLAY OF MIND CONTROL.

A Prominent Railroad Man's Remarkable Experience.



F. H. STOUFER.

Intense excitement prevails among the upper social circles of Pueblo, Colo. On every hand people are discussing the subject of mind control. They stand amazed at the seemingly miraculous power displayed by Mr. F. H. Stoufer, Secretary and Treasurer of the Order of Railway Conductors. Mr. Stoufer has a very magnetic personality, and any one meeting him recognizes instantly that he is no ordinary man. He is engaged in business, however, and does not care to give public exhibitions of his ability, but at a social gathering the other evening he gave some remarkable tests of mental control. The people present were interested, mystified and astounded.

He so influenced the mind of a member of the party, a man sixty years of age, that he caused him to run

through the streets of Pueblo, shouting "Red hot peanuts for sale!" and nothing could stop him. He disregarded police officials and everybody and everything. A young man, who had never made a speech before in his life, was made to deliver a splendid political speech. The same gentleman under this strange mental influence insisted upon a lady in the party accepting a brick for a plate of ice cream. Another person was led to believe that a chair was a red hot stove. As a crowning test of the evening a young man was put into a deep sleep and needles thrust into his flesh without causing him pain or injury.

Besides being able to royally entertain his friends, Mr. Stoufer has demonstrated almost miraculous power in healing the sick and curing bad habits of all kinds. He has won the confidence and heartfelt gratitude of scores of people who have come to him in the very depths of despair of ever being cured. People who have been treated by him for all sorts of physical ills say they feel his mighty power the moment he touches them, and their pain is instantly relieved.

Mr. Stoufer is a man of power and influence in his community, honored and respected, but he has not always been able to do the wonderful things he does now. He attributes the development of his peculiar mental power to the study of Personal Magnetism. In discussing the subject with a reporter, Mr. Stoufer said: "Some people wonder at the power I possess, but anybody can acquire this strange, mysterious mental influence. I have learned all that I know. Years ago I recognized the value of personal magnetism as a factor in promoting success. I determined to master this subject, but I was unable to secure proper instruction until one day I happened to read a notice of a free book on personal magnetism, which was advertised by the New York Institute of Science. I wrote for this book, and to it I owe my success. I soon learned how to develop and use this power. I have cured many people of chronic diseases when they have been pronounced incurable by physicians; I have cured the liquor habit when everything else has failed. I have completely changed the disposition of children, eradicating all evil tendencies. I think every mother and every father ought to understand and use this wonderful power for self improvement, and for the improvement of their children. It is my honest opinion that there is nothing which will better one's condition in life so much as a thorough study of Personal Magnetism, Hypnotism and Magnetic Healing. These sciences give one the very key to business and social success. They enable us to triumph over obstacles, to achieve, to win.

The book to which Mr. Stoufer refers to above is entitled, "The Philosophy of Personal Magnetism." You can get a copy absolutely free by sending your name and address to the New York Institute of Sciences, Department A. G. 2, Rochester, New York. The free edition is limited, and to be sure of getting a copy you had better write to day.

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During the interval that has elapsed since the appearance of the first edition, investigations upon the modes of dissemination of certain of the specific infections have been conspicuously active, and through them much new light has been shed and many novel suggestions have been made; especially is this the case with regard to the roles of insects and rodents as disseminating factors. Wherever practicable, these views have been embodied and discussed. The sections especially on Malaria, Yellow Fever, Plague, Filariasis, Dysentery, and Tuberculosis, have been both revised and enlarged.

ESSENTIALS OF REFRACTION AND OF DISEASES OF THE EYE. By Edward Jackson, A. M., M. D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third edition, revised and enlarged. 12mo., 261 pages, 82 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$1.00.

In this edition the work has been carefully revised and very much enlarged, the contents being more complete and more symmetrical than was possible in the earlier editions. The injuries of the eye by traumatism, and the ocular symptoms and lesions of general disease have now been given a consideration proportioned to the great importance they assume in the work of the general practitioner. There has been added also an account of the application of the tests of vision required in the army, navy, and railway service.

PHOTOGRAPHIC ATLAS OF THE DISEASES OF THE SKIN. By George Henry Fox, A. M., M. D., Clinical Professor of Diseases of the Skin, College of P. and S., New York; Consulting Dermatologist to the Board of Health, New York City; Physician to the New York Skin and Cancer Hospital, etc. Philadelphia and London: J. B. Lippincott Company, Publishers.

This Atlas consists of a series of eighty plates, comprising more than one hundred illustrations, with descriptive text, and a treatise on Cutaneous Therapeutics. This work comes in parts, and parts one, two, and three are now before us, and confirms our impressions of the value of this work. If you wish to study up on skin diseases and their treatment, it would be well for you to write the publishers.

THE DIAGNOSTICS OF INTERNAL MEDICINE. A Clinical Treatise upon the recognized principles of Medical Diagnosis. Prepared for the use of Students and Practitioners of Medicine. By Glentworth Reeve Butler, A. M., M. D. With five colored plates and 246 illustrations and charts in the text. New York: D. Appleton & Co., Publishers. Price, cloth, \$6.00; sheep, \$7.00.

We have here a work that has a two-fold object in view. A study of symptoms and their indications, and a study of diseases and their characteristics. A work that is more complete and explicit on the subject of diagnosis than any we have had the pleasure of reading. It is a practical clinical work, and deserves the careful consideration of all practitioners of medicine. It is a treat to read a work so different from the ordinary routine of works on this subject.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Fifth Edition, Thoroughly Revised. One handsome octavo volume of 1297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$5.50.

The success of this work as a text-book and as a practical guide for physicians has been truly phenomenal. Five large editions have been called for in less than four years. The rapid exhaustion of each edition has made it possible to keep the book absolutely abreast of the times, so that Dr. Anders' book has become justly celebrated as a thoroughly up-to-date work on the practice of medicine.

THE READY REFERENCE HAND-BOOK OF SKIN DISEASES. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. New (4th) Edition, thoroughly Revised. In one 12mo. volume of 617 pages, with 82 engravings and three colored plates. Philadelphia and New York: Lea Brothers & Co., Publishers. Price, cloth, \$2.75.

This book is a clear, trustworthy, and comprehensive text-book for the student, and convenient in the highest degree as a ready reference for practitioner or specialist. The moderate price made possible by the large editions demanded is a point appreciated by every purchaser.

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An Admirable Nerve Calmative.

I have prescribed Neurilla in a case of iodism. This case, a man about sixty years old, had been undergoing a very vigorous treatment for tertiary syphilis, consisting of mercury and iodide of potassium. When the case came under my care, patient was suffering from severe headache almost constantly, loss of appetite and insomnia. These symptoms were regarded as being caused by syphilis, and the patient congratulated on the supposed effect that the medicine "was stirring up and driving out the disease in great shape." I directed the Neurilla to be given in teaspoonful doses after each meal, and at bed-time when the mercury and potash be discontinued. The first night after beginning this treatment, the patient slept well, lost his headache, and regained his appetite, and since, he has begun to gain flesh. I regard Neurilla as an admirable nerve calmative.

G. W. COREY, M. D.

Sawtelle, Cal.

Complete Success in Menstrual Nervousness.

I used Neurilla recently in a case of a neurasthenic woman about thirty-five years of age, she having suffered for several years past, especially during menstrual periods, at times becoming hysterical. I prescribed Neurilla to be given in teaspoonful doses six times daily. This was kept up for one week; since, she has taken it in teaspoonful doses three times daily, and during her last illness, she stated to me in an interview on the subject, that she felt not the least symptoms of nervousness. I am prescribing this preparation of Neurilla in other similar cases with complete success.

R. L. CORNWELL, M. D., PH. D.

Montague, Mich.

Melancholia—Neurasthenia.

The first case in which I tried Neurilla was one of melancholia accompanied by insomnia. The patient was a man of about twenty-eight years. I gave him four ounce bottle, with instructions to take two doses in the evening before retiring. The effect was very happy, and he reported in a few days that he was

doing well. I used this in connection with iron, strychnia and phosphorus. The other case was one of inability to control the nerves. The patient was a lady suffering from neurasthenia. She would sleep, or try to sleep, in three beds in one night. In her case, also, it was markedly beneficial. I should say it is a very efficient preparation.

J. B. TYLER, M. D.

Billerica, Mass.

Promptly Restores Nerve Equilibrium.

I have employed Neurilla in the cases of children of neurasthenic tendency, as well as myself. I am eighty-two years of age, and have been in practice fifty-five years. Recently have been troubled with insomnia, and have used passiflora, but have obtained superior results from your product. I have used scutellaria for many years, but you have combined it in a more elegant and convenient form than any in which I have previously found it. Neurilla fully sustains your claim that it promptly restores nerve equilibrium.

C. S. CASS, M. D.

Holton, Ind.

Acts Excellently in Nervousness of the Menstrual Period.

Neurilla, I used with a patient sixty-two years old. An old gentleman who had had "grippe" about five years ago, and since which time had been suffering from neurasthenia. After teaspoonful doses, four times a day, he has recovered sufficiently to do manual labor, which, since the attack above mentioned, has been impossible for him to perform.

I have found Neurilla to act excellently in nervousness attendant upon the menstrual period.

G. HAZLEWOOD, M. D.

Chambersburgh, Ind.

Neurasthenia.

I have had occasion to test Neurilla on a patient afflicted with neurasthenia, and observed its action with great satisfaction. It is an excellent remedy in nervous diseases.

A. HASSINGER, M. D.

Jolly, Tex.

Neurilla in Anemia.

I gave Neurilla a most severe test in an anemic case that had baffled the best remedies, and the best physicians in the city. I ordered patient to take same in teaspoonful doses before meals three times a day. Her improvement was immediate, and in my forty-nine years of practice I have never seen a remedy act with such salutary effect. I can not say too much for your product, for it has simply been marvelous in the results produced in this case.

A. W. GREGORY, M. D.
Cleveland, Tenn.

Excellent Results—Will Continue Its Use.

The results which I obtained by the use of Neurilla with some of my patients were so excellent that I have decided to continue its use. I consider it a most valuable preparation. Its action was marked and positive. I am not in the habit of giving endorsement to proprietary remedies, but believe in "rendering unto Cæsar the things which are Cæsar's."

P. C. JONES, M. D.
Temple Building, Walnut and Missouri
Aves., Kansas City, Mo.

Specially Valuable for the Restlessness of Typhoid Fever.

I have used Neurilla in a case of disordered menstruation which caused extreme nervousness in my patient. A few days' use of Neurilla completely corrected the trouble. I find it especially valuable also for restlessness with typhoid fever patients.

J. G. EBERHART, M. D.
Comer, Ga.

Interested in Watching Results from use of Neurilla.

I am very much pleased with Neurilla so far as I have been able to test it since returning from my summer vacation. I shall continue to prescribe it, and watch results, as I am interested in this new preparation, which, I believe, to be most valuable.

A. L. SIERER, M. D.
2003 N. 6th Street, Harrisburg, Pa.

Almost a Specific for Nervousness.

I employ Neurilla in my practice, and find that it is almost a specific for nervousness. We have in it a remedy that acts direct upon the nerves, and yet is free from the objections to be urged in the case of sedatives and narcotics.

J. L. QUESENBERRY, M. D.
Worthington, Ky.

Neurasthenia in Patient 76 Years of Age.

I have given Neurilla to a patient greatly affected with neurasthenia. She was seventy-six years old, and had suffered some time from nervousness. My observation of the case, as well as her testimony, leads me to endorse Neurilla as a nerve calmative.

A. S. MYGATT, M. D.
3511 A Street, San Diego, Cal.

True Nerve Calmative—Nothing Toxic About it.

I have had good success with Neurilla in every case where I have prescribed it, especially in a case of threatened delirium tremens. It quiets the nerves, and, as far as I have observed, there is nothing toxic about it. It seems to act as a true nerve calmative.

CHARLES COLLINS, M. D.
Maquoketa, Iowa.

A Personal Test by Doctor Van Ness.

Neurilla is the proper remedy in nervous cases where a calmative is indicated. I have tried it on patients as well as myself for sleeplessness, which was due entirely to overwork in a nervous condition. One patient to whom I had given it reported that it had affected him splendidly after a severe attack of neurasthenia, which was produced from overwork.

M. R. VAN NESS, M. D.
48 West King Street, Lancaster, Pa.

An Excellent Calmative.

I have used Neurilla, and find it an excellent calmative in all functional disturbances of the nervous system.

G. W. WESTLAKE, M. D.
Red Bluff, Cal.

Improved Steadily.

I have given Neurilla to a young lady recently, twenty-five years of age, who was afflicted with dysmenorrhea and epilepsy, consequent upon her condition. For twelve months I have tried different nerve products to no effect until I gave her Neurilla. She improved steadily.

H. C. WALTON, M. D.

Metasville, Wilkes Co., Ga.

Struck Forcibly with the Effects of Neurilla.

I never write testimonials for pharmaceutical products, but I will say I was struck forcibly with the effects of Neurilla in the one case, and only one case I have tried it.

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In Nervousness Due to Endometritis.

I have prescribed Neurilla to a lady who was suffering with endometritis, and very nervous as a result therefrom. I found that it has done her more good than anything she has previously taken.

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Sine Qua Non For Nervous Patients.

I believe from my experience with Neurilla in the case of a patient whose nervous centers were considerably involved, that it will prove the *sine qua non*.

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Maben, Miss.

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I have used Neurilla in my own family in the case of my son, who is affected by nervousness from chronic dyspepsia. He was greatly benefited by its use.

E. C. KITCHEN, M. D.

Brumfieldville, Pa.

Recommending Neurilla to the Profession.

Neurilla is to be highly recommended to the profession. It is a fine preparation, and accomplishes all that you claim for it in nervous troubles.

E. R. SCHOEN, M. D.

Gordonville, Mo.

Relieves Nervous Tension in Painful Diseases.

I have used Neurilla in the case of a patient who had cancer of the breast, merely to relieve her nervous tension, and have marked the results with greatest satisfaction.

GEORGE E. BLISS, M. D.

Maple Rapids, Mich.

Recommends it in Neurasthenia.

In a case of nervous exhaustion I have used Neurilla with favorable results. It improved the condition of the nervous system, and produced natural sleep. I can highly recommend it in all cases of neurasthenia.

DAVID BABCLAY, M. D.

97 Abbott Street, Detroit, Mich.

Recommends it in Neurotic Diseases.

I have used Neurilla with perfectly satisfactory results in a case of insomnia following purpuric affection, and can cheerfully recommend it in neurogenous diseases.

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Savanna, I. T.

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I have found Neurilla to be A 1, and will keep it always on hand. I can not praise it too much, and believe those who have tried it will have the same experience as I have had.

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R. L. LOGAN, B. S., M. D.,

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I have recently used Pil. Quin. Dad in my own family, having administered same to my grandchildren with satisfactory results. I have never used any preparation of quinine with more gratifying results.

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I have used Pil. Quin. Dad on myself, and can say that I was very much pleased with their effects.

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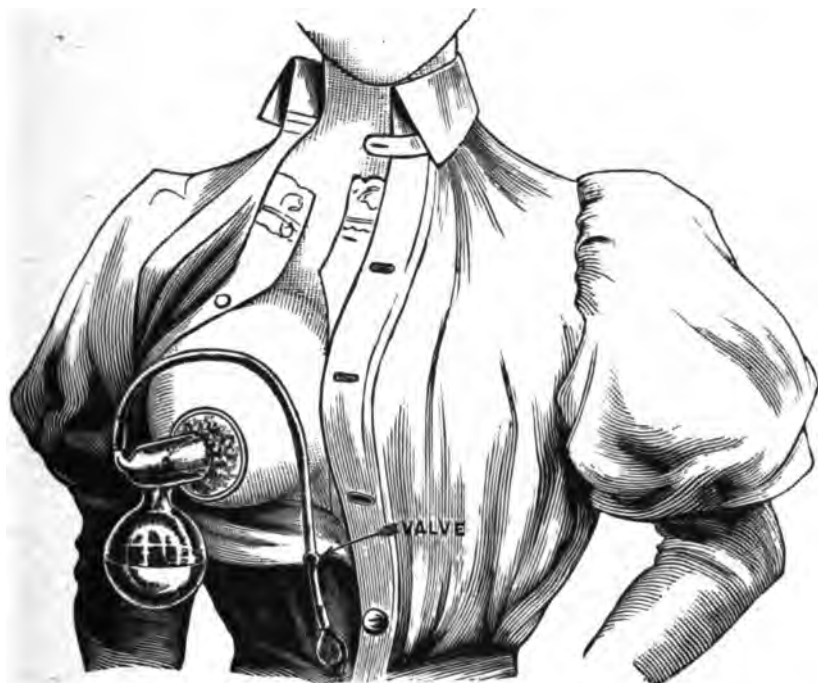
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This work is just what we could expect from such an authority as the editor of the *Journal of Electro-Therapeutics*, and one that will stand as an authority on the subject. It is divided into two parts. Part One contains Electro-Physics, X-Ray, Electric-Diagnosis, Organic Electrology. Part Two is on Electro-Therapeutics. If you desire to post yourself on this subject we would advise you to secure this work.

PROGRESSIVE MEDICINE, Vol. III., 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and *Materia Medica* in the Jefferson Medical College of Philadelphia. Octavo. Handsomely bound in cloth, Four Hundred and Thirty pages. Fully Illustrated. Dr. Hare's assistant is H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital.

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A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, M. D., LL. D., Professor of Dermatology in the Medico-Chirurgical College of Philadelphia. Fourth Edition, Revised and Enlarged, with Chromogravure Plates and other Illustrations. New York: D. Appleton & Co., Publishers. Price, cloth, \$5.00; sheep, \$6.00.

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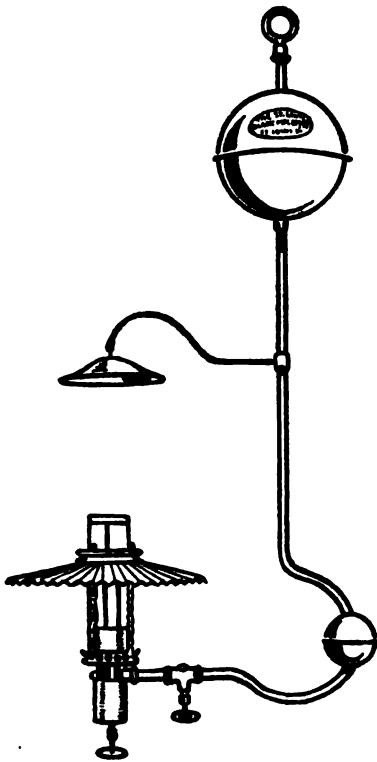
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[Written for the MEDICAL BRIEF.]

The Country Doctor.

BY J. F. CARRINGTON, M. D.,
Waller, Tex.

I wish to make a few remarks as regards the country doctor. I have read a good deal of him of late. Being one myself, I naturally feel a delicacy in approaching the subject, not being much of a writer, giving notoriety a wide berth as much as possible. But it seems our city brother likes to occasionally run up against us, so I am persuaded to write this, as it proves clearly to my mind that the city doctor and specialist is not the only turtle in the tank. Not long ago I read an able article in the *New York Medical Journal*, by Dr. William Gardner, relative to this question, in his able

address to the graduating class of the McGill University. Dr. G. is professor of obstetrics in this institution, and deals, very honestly and fairly with the country doctor. I venture the assertion, granting he may not be so highly educated, gifted with high technical words, that the country physician deals with of life's suffering and ills, sees more of Nature's works, molded by an all-wise Providence, poverty in all its forms, is made a confidant of, handles cases under more trying ordeals, goes through more mud, rain, storms, and even deprivations of his own family, which, by the way, would fill volumes.

I can but only add my mite in the way of a few surgical cases. I was taught antiseptic surgery in its most modern terms; still, in my cases, I had to depend

(Continued on page 1734.)

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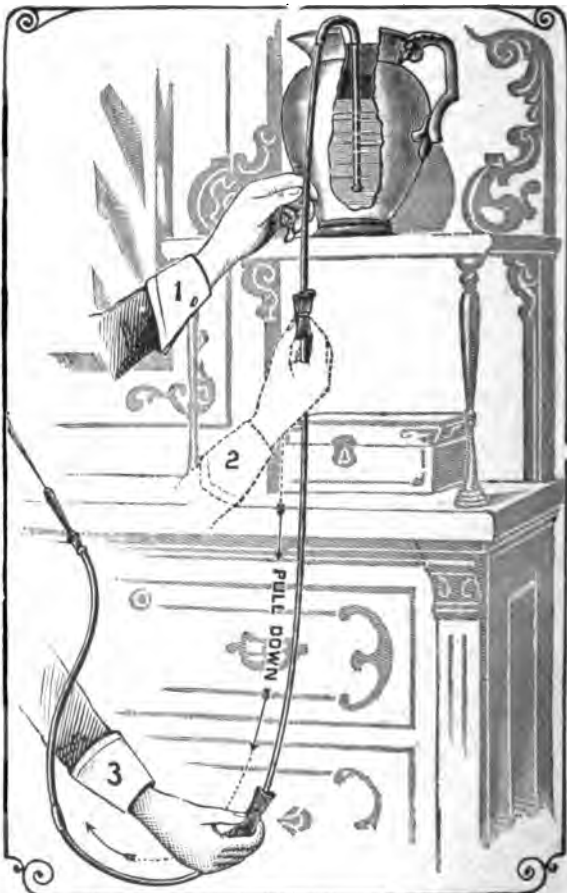
Here are some of its features: **IT HAS NO VALVES** (which are an expense) **TO GET OUT OF ORDER.** It is the smallest of all syringes when packed; hence, it is the doctor's friend. It will do all that a five-gallon fountain syringe will do. It has no rubber bag to get out of order. It has no bulb to crack. **ITS OPERATION IS SIMPLE, AND IT IS BY LONG ODDS THE CHEAPEST PERFECT CONTINUOUS FLOW SYRINGE KNOWN.** It has three hard rubber nozzles, infant, rectum, and vagina. Send for one, Doctor, and get your druggist to keep in stock. Sent to doctors by mail. Price, 75 cents,

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Each fluid drachm represents fifteen grains of the combined bromides of Potassium, Sodium, Ammonium, Calcium and Lithium.

Dose: One or two teaspoonfuls in water, as indicated.

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on what was in sight. Case No. 1 was of a young man receiving a load of number eight shot just two inches below the left nipple. When called to see him he was almost lifeless, losing a large amount of blood. I went to work to ascertain the amount of injury; found the entire load just under the left shoulder blade. I had an army surgeon sent for and we, together, cut out the shot; drainage was proper; washed out the cavity with Marchand's peroxide hydrogen, and watched my case with anxiety for eleven months, nine days. Lived that long, died finally. The house he occupied was on the prairie, very dirty. I had a nurse raised in the same neighborhood.

Second case. A little child, eight years old, had her arm broken, close to the elbow, the broken portion of the humerus protruding, lacerating the flesh, and overlapping the inner side of the elbow joint. I found very little loss of blood. The father of the little girl was a gruff old farmer, and was storming around because the child broke its arm. I finally

got him quiet and called in two neighbors, to assist me in restoring the arm, under chloroform, with a dingy little lamp. I placed one man to the forearm and the other with a large towel under the arm pit. I succeeded in getting the arm O. K. I used peroxide hydrogen (Marchand's) in this case as a healer. This little case ran a very favorable course to recovery.

Third case. A man shot himself accidentally through the left hand with a British bull-dog pistol. The ball, a thirty-eight calibre, was wedged between the index and middle finger, both the fingers shattered. I managed to extract the ball with a pair of bullet molds, dressed the hand as best I could, and told him to call at my office the next day. I used a ten per cent carbolic solution in this case, though he made a nice recovery.

Case four. A young man, aged nineteen years, had an ugly tumor on the inner side of right leg. I was consulted as to its removal. In this case I con-

(Continued on page 1736.)

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Has Again Acted with Entire Success.

Dr. A. S. Ashmead, New York City, writes: Sander & Sons' Eucalyptol is being used by the Engineering Corps of "The Cuba Co.'s" railroad from Santiago to Havana (four hundred miles), as a prophylactic against mosquitoes in the camps at night. My brother, P. H. Ashmead, locating engineer, Puerto Principe, Cuba, in his last letter to me, reports: "*that it has acted with entire success. Thus the remedy is a sure preventive against malaria and yellow fever.*" The medical supplies sent from 80 Broadway, New York, were furnished on his requisition, and contained an ample supply of Sander & Sons' Eucalyptol for the very purpose.

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R Sander's Eucalyptol 2 drachms.
Spir. Chloroformi 2 drachms.
M. As a preventive pour ten drops on a handkerchief and inhale.

If the cold is already contracted pour ten to twenty drops on a piece of flannel, dip it in boiling water and inhale the vapor.

During Febrile Stage of Influenza.

R Sander's Eucalyptol 1 drachm.
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Tr. Ipecacuanha 1 drachm.
Alcohol 7 drachms.
M. Ten drops in a dessertspoonful of milk every two hours until temperature is normal; then at longer intervals.

During Convalescence.

R Sander's Eucalyptol 2 drachms.
Tr. Nucis Vomica 2 drachms.
Mucil. Acacia 1 ounce.
Syr. Hypophosphit. q. s. ad 4 ounces.
M. Teaspoonful after meals, three to four times daily.

The beneficial effects of Eucalyptol on colds is too well known to the profession to need more than mere reference. Whenever its application in influenza has disappointed, it was due to the fact that an unreliable preparation was used, the irritant qualities of which counteracted the desirable effects. Therefore, *always specify Sander's Eucalyptol, and take care to obtain it, and thus protect yourself and your patient from disappointment.*

Sample and literature of Sander & Sons' Eucalyptol (Eucalypti Extract), gratis, through Dr. Sander, Belle Plaine, Iowa. Meyer Bros. Drug Co., St. Louis, Mo., Agents. Look for the genuine product.

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proves to be the most valuable addition to the armamentarium of the physician that has been made in a number of years. A rapid uric acid solvent and the ideal genito-urinary antiseptic of the greatest value in

Gouty Diathesis, Cystitis, Pyelitis, Bacteriuria.

Cystogen assists recovery in Gonorrhea and Gleet by rendering the urine bland, unirritating and antiseptic, limiting the area of the disease and preventing reinfection. Dose: Five grains, three to five times daily. Obtainable in three forms—crystalline powder, five grain tablets and in the form of an effervescent salt, containing five grains to the teaspoonful.

The effervescent salt dissolves immediately on being dropped into water, evolving carbonic acid, thereby forming a carbonated water with the cystogen in solution. This is an agreeable form for administration in cases where the carbonic acid is not contraindicated.

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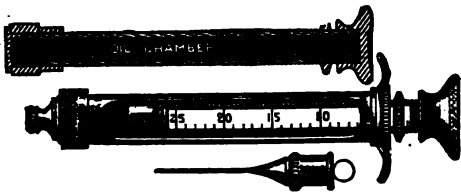
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In Writing to Advertisers, Mention Medical Brief.

sulted an older doctor in the town of H—, and we both agreed to its removal. I notified the young man and his father. We agreed to operate for fifty dollars. Dr. C. was to receive one-half for his services, I to do the balance of the work. Well, we removed the tumor. It weighed eight pounds. I was out seven dollars and seventy-five cents for material, as dressings, antiseptics, etc., waited on the case sixty days, every day, and received ten dollars for my services. Dr. C., of H—, received his twenty-five dollars O. K. Such is life. The young man made a good recovery. We had no fine hospital, no fine, up-to-date instruments, no dust-proof operating room, but a plain, every-day farmer's hut, etc.

Now, dear Dr. Lawrence, this is not written to cause any hard feelings among my city brothers; not so, for I have quite a number. I give this as a fair sample of what a country doctor can do, and what is really expected of him when he sails out on the ocean. By the way, it is not easy sailing every time. I have my pleasures and hardships as well, for when I turn my steps homewards I see a pair of eyes and hear a gentle voice say, Is that you, doctor? I have your supper ready (twelve o'clock midnight). Country life has its charms, is not crowded with microbes, nor germs. We (I) use no serum and its deviltry.

We use Antikamnia for almost all kinds of pains. By the way, that is a noble drug. I used it, and do in all cases of labor after everything is over. It acts like a charm.

In conclusion, Dr. Lawrence, don't think I write to flatter you; not so. I wish I was rich; I would take a course of lectures in St. Louis, but, since the nicely-prepared pharmaceuticals are in vogue, it is a pleasure to practice medicine. I believe in a doctor carrying his own drugs, where he is not close to a first-class pharmacist, don't you? In conclusion, I think the BRIEF next to a course of lectures. More anon.

The Larynx in Locomotor Ataxia.

It is said that paralysis of one or both vocal cords is occasionally one of the first signs of this disease.—*Denver Med. Times.*

[Written for the MEDICAL BRIEF.]

Stone in the Bladder.

BY J. L. WOLFE, M. D.,
Cedar Falls, Iowa.

Urinary calculi may form in any portion of the kidney, in the pelvis or uterus, in the bladder or urethra. They are concretions of the various inorganic substances, which are common to the urine. Organic particles, such as epithelia, mucous and various inflammatory products, often enter into the formation of calculi. When an aggregation of the urinary salts occurs within the kidney tubules, the probabilities are that the stone so formed will remain imprisoned in this organ until removed by ulceration or operation. Forming in the larger straight tubes of the pyramids, a urinary concretion may, while yet minute, escape into the calix and pelvis, and pass down the ureter into the bladder, or remain lodged in the pelvis or excretory duct.

It is probable that the majority of calculi found in the bladder or passed by the urethra, originate as concretions in the straight tubes, calices or pelves of the kidneys, whence they drift outward to the bladder, and there, by continued accretion, become large enough to attract attention, even if the transit along the ureter was unnoticed. Undoubtedly a fair proportion of vesical calculi are formed in this organ proper, and the greater number of these may be grouped in the class of calculi which forms around nuclei, composed of foreign substances, or animal matter, such as epithelia, inflammatory products, etc.

Conversely, it is admitted that animal matter may form the nucleus of a kidney or pelvic concretion, while a bladder calculus may also be formed by accretion of the purely inorganic elements of the urine.

A calculus is rarely of uniform composition, more frequently combining two or more inorganic, as well as organic, elements in its formation. In the nomenclature it is the practice to give to the stone the name of the preponderating element. The most commonly observed is composed principally of uric acid and the

(Continued on page 1738.)

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urates. These stones are of fair consistency, yellowish or light brown in color, not very smooth when single, yet not so rough as oxalate of lime concretions. They may attain a diameter of two or three inches. As a rule, they form in urine which is distinctly acid in reaction.

The mulberry, or oxalate of lime, calculus is next in order of frequency, and relatively more so in children than adults. They may exist in all sizes and vary greatly in color. The smaller concretions are light in color and quite smooth; the larger are exceedingly rough, with jagged edges, and are dark brown in color, and, in rare instances, white. Oxalate of lime calculi usually commence in the kidneys, and pass as small particles to the bladder. The most severe forms of "renal colic" are due to the slow and painful passage of these rougher concretions along the ureters.

Phosphatic calculi comes next in order of frequency, and are divisible into three classes, the ammonio-magnesian and phosphate of lime (fusible) calculus, neutral phosphate of lime, and ammonio-magnesian calculus.

Fusible calculi are more often met with than the other two forms of phosphatic concretions. They are gray or white in color, readily friable and light. The hardness is proportionate to the lime phosphate present. They attain large size and conform themselves to the shape of the bladder.

The neutral phosphate of lime calculus is rare. It may form in the kidney, though it originates chiefly in the bladder.

All the phosphatic calculi are chiefly vesical in origin, being found with ammoniacal urine, which is present with chronic vesical catarrh. The ammonio-magnesian phosphatic concretion is equally rare, and differs very slightly in its chemical and physical characters from that just described.

Stone in the bladder is a misfortune that may befall every age and condition of human life, from the foetus in utero, to the old and decrepit. The period of greatest exemption is from twenty to fifty years of age. It is comparatively frequent in children, and here must be

of renal origin, and due to the excess of inorganic elements in the urine, since obstruction and inflammatory diseases of the urinary tract rarely exists at this age. After fifty, when prostatic, cystic and urethral obstructions are more frequently met with, the formation of calculi, vesical in origin, is more common.

As to sex, stone is more frequent in males. It was formerly argued that there was no difference in the frequency of stone in the sexes, but that the short and dilatable urethra of the female allowed a ready escape for the concretion before it became sufficiently large to produce any organic disturbance. When, regardless of the statistical evidence, which shows that the number of deaths in males from urinary calculus is ten times greater than in females, we consider that one of the most frequent causes of stone is the gouty diathesis, and that gout is more frequent in men; and that prostatic and urethral obstruction is more peculiar to this sex, it must be conceded that the conditions for the formation of calculi are more frequently present in males.

The proper treatment of stone in the bladder may be divided into the curative and palliative. To the former belongs the operations of lithotomy and lithotripsy; to the latter are systematic medication and hygiene, together with the employment of all local means calculated to relieve pain and prolong life. In determining upon the proper method to be adopted, the following points should be duly considered:

In male patients, under the age of seventeen, the cutting operation is preferable, for the reasons that (1) the caliber of the urethra is usually too small to admit of the instruments necessary to lithotripsy; (2) the mortality rate after lithotomy in this class of patients is very low, about five per cent. After this period, as between lithotomy and lithotripsy, the former operation is demanded (1) in all cases of stricture of the urethra, where the caliber of this tube is narrowed to such an extent that the repeated introduction of the lithotrite and washing apparatus is difficult or impossible; (2) in prostatic disease, with hypertrophy to such an extent that it offers an impediment

(Continued on page 1742.)

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Excessive meat-eating is doubtless responsible for the formation of uric acid in disease-producing quantities.

To dispose of meat satisfactorily, an active gastric digestion is needed, a constitution in which fluids are abundant, the organs small and actively engaged in growth and development. Such conditions usually cease to obtain after adult life is reached, and food is required, chiefly, which will supply energy, heat, vital stimulus. The construction of the human machine being completed, the principal need is fuel to run it. A small amount of meat, or other albuminous food, will suffice to repair actual tissue waste in most instances.

Patients exhibiting symptoms denoting uric poisoning should be allowed meat but once a day, and should be directed to eat fresh fruits, especially apples, in abundance. Tomatoes are excellent, so is asparagus. Baked bananas and well-done rice are acceptable substitutes for meat. In collapse of the stomach, due to sudden changes in the dietary, meat broths will help the patient adjust himself to new conditions. Pure honey is good for uric acid patients.

In uncomplicated cases, Lithiated Hydrangea will be the only remedy needed in addition to the dietetic reform, and plenty of water.

ment to the introduction of the instruments and renders the seizure of the stone or fragments difficult of accomplishment; (3) when the stone is more than an inch in diameter; (4) when it is so hard that it can not be crushed by the employment of a reasonable degree of force; (5) when chronic cystitis and vesical intolerance exists; (6) in a patient suffering from any form of nephritis.

The Microbe Theory Assailed.

It is disturbing and vexatious that as soon as any theory gets well accepted, along comes an iconoclast trying to upset our belief and break it in pieces. For some years the scientific men of the medical profession have disseminated a theory that our diseases, a large part of them, are generated in us by minute organisms called microbes or bacilli. These, it is said, convey disease and cause it, passing from one person to another, or from the air or food into our physical systems. It has become common to search with the microscope for evidence of the existence of microbes of a particular kind, whose presence is accepted as certain evidence of the character of the disease one may have, and their absence as sure evidence that he has not that particular malady. There is one microbe of diphtheria and another microbe of consumption, and another microbe of typhoid, and so on. The effort of the scientific physician has been to find some substance which, being received into the system, will kill the special microbes that produce the disease to be cured.

Against this theory, as held, there are signs of revolt. Some doctors say that these microbes do not cause disease, only convey it, while others declare that microbes are harmless and even beneficent creatures until they get sick themselves, in which unnatural stage they accomplish all the mischief of which they are capable.

In the *Westminster Review* for September, 1900, Maurice L. Johnson presents a view of some of the grounds upon which the revolt against the microbe theory is based. He declares that the supposed injurious bacilli live and thrive in vast numbers in the bodies of perfectly healthy persons; that, for example, those which are presumed to cause diphtheria and rickets are at home in the mouths of all children. It is affirmed that animals whose food and air is sterilized soon lose the power of assimilation. The inference is that the bacilli which sterilization kills are essential to the process of digestion. These statements are made in a recent address by Dr. G. G. Bantock,* who says, also, that our skin teems with bacilli which are supposed to cause suppuration, yet wounds heal more rapidly when the bacilli are numerous than when they are comparatively few. Dr. Bantock announces these notable conclusions of his investigations:

"I claim then, to have shown that the poisons of variola, etc., are not and cannot be the product of a bacillus; that Loeffler's bacillus is not a constant, and therefore cannot be the essential, element in diphtheria; that the essential element in typhoid is not the bacillus typhosus; that there is no evidence that tuberculosis is due to the tubercle bacillus; that the comma bacillus can not be regarded as the essential element in cholera; that the so-called pathogenic micro-organisms are constantly found under conditions consist-

* Geo. Granville Bantock, 12 Granville Place, Portman Square, W., London, M. D. (Edin.), F. R. C. S. (Edin.), L. and L. M. (Univ. Edin.), Fellow Brit. Gynecolog. Soc., Fel. Obstet. Soc., Hon. Fel. Obstet. Society Edin. and Amer. Gynecolog. Soc., Cor. Fel. Gynecolog. Society, Boston, U. S. A., and Obstet. Soc. Leipzig, Hon. Mem. Detroit Gynecolog. Soc., Canada Med. Soc., and Society Belge de Gynecologie et de Obstetric. Mem. Clinical and Harvard Societies, Con. Surg. Samaritan Free Hosp., Con. Surg. Cott. Hosp., St. Mary Cray and Sidcup, Late Con. Surg. Hospital for Women Vincent Square, Surg. Maternity Charity, Chester, Res. Surg. Roy. Matern. Hosp., Edin., and Clin. Clerk Obstet. Dept. Roy. Infirm., Edin., Author of numerous papers on vario is subjects.

(Continued on page 1744.)

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In Writing to Advertisers, Mention Medical Brief.

ent with perfect health, and that in many notable instances, they actually exert a beneficent influence. All these things—which are facts, not opinions—go to show that the modern doctrine of bacteriology is a gigantic mistake. It is safe to predict that ere long it will be recognized that all these various bacilli play a beneficent role in the economy of nature.”

Mr. Johnson thinks it to be incumbent on him to account for the prevalent opinion that microbes actually cause disease, and declares that it is the “mistaking an effect for a cause.” As each organ is composed of an aggregation of cells of its own peculiar kind in all stages of development, when any organ becomes functionally deranged—say from cold—all the cells are affected, and the bacilli that inhabit them become ill, degenerating and acquiring a poisonous character. The Loeffler bacillus taken from a diseased throat will convey diphtheria, but taken from a healthy throat does no mischief. The moral of this new theory is that persons must keep their bacilli in good health in order that they may do nobody harm. We are made to appear to have done our affectionate

relations, the bacilli family, gross injustice, heaping on their innocent heads blame and reproach for doing to us what in fact we have been doing to them. They have not made us ill, but we have made them sick, noxious and dangerous in spite of themselves.

Further than this, it is maintained that our moral character is responsible for much of the degeneracy of our microbe population. The most important of all the aggregations of cells in our bodies are those which constitute the organs through which man attains moral consciousness. When, through sinful thinking and doing, these cells become degenerate, they cease to maintain physical order and harmony, and the physical health suffers. The same concatenation that makes pestilence follow famine makes pestilence follow licentiousness. Thus physical order is made a consequence of moral order. The scientist and the moralist are thus brought into harmonious co-operation. We are under a double obligation to do nothing to deprave our bacilli. A new significance of wisdom attaches to the ancient maxim: *Mens sana in corpore sano.*—*Exc.*

PURGATIVES

The evil effects resulting from the indiscriminate use of drastic purgatives and cathartics are well known to every practitioner. That they impair the physiological action of the liver and create chronic constipation, with the inevitable spasmodic demand for purgatives, is undoubted. Therefore, the rational treatment is to administer a mild hepatic stimulant; and of all the hepatic stimulants, CHIONIA is the best, as it does not dispose the bowels to subsequent costiveness.

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SOME time ago an English writer who had investigated the claims of *Cactus Grandiflora* (?) concluded that the drug was not reliable. He mentioned the source of his different supplies of the drug from English houses and also the difference in the color of the several tinctures and extracts that had been sent him. His conclusions could not have proved different. In fact, he was using the *Opuntia*, a species of the cactus family. The common error, that there is but one cactus, is apparent. The cactus family is, perhaps, the largest in the botanical world, and it takes an experienced eye to distinguish some species from others. Take, for instance, the similarity of *Cereus Grandiflora* and *Cereus Bonplandi*. There is also the greatest difference in their therapeutic action and chemical composition, and most all species are absolutely useless from a medicinal standpoint. The *Cereus Grandiflora*, which is collected for us in the mountains of Mexico and shipped under favorable circumstances only, has decided medicinal action, as proven by the universal use of *Cactina Pillets*, which comprise its physiological action in its best possible form. We doubt whether England has ever seen a pound of the true *Cereus Grandiflora* (*Mexicana*) unless, perhaps, in some botanical garden.

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[Written for the MEDICAL BRIEF.]

Angina Pectoris.BY J. FRANK LOCKE, M. D.,
Long Prairie, Minn.

This article will not be a compilation of authorities. I aim to give a simple resume of my own personal experience, and conclusions, with one of the most dreaded, and supposedly fatal, of all forms of heart trouble.

I was discharged from the Union Army in 1864, after two years of hard service, on account of heart disease; my discharge says hypertrophy.

Since 1864 I have been confined to my room fully one-third of the time, and none of the time able to do even light manual labor, though for fifteen years I was in the active practice of medicine.

Pain and great irregularity of heart have ever been two of the most pronounced symptoms in my case. I am never free from distress in cardiac region, and for days at a time my heart will intermit every second or third beat.

Ordinarily my pain around heart is neuralgic in character, but I know I have

had over thirty attacks of genuine angina pectoris.

This is not only my own opinion, but the diagnosis of some of the best physicians of the United States. Naturally I have made angina pectoris a special study, and though only a country practitioner, with hair full of hayseed, I have come to certain definite conclusions, and in part as follows:

1. There is absolutely no such thing or condition as "pseudo angina;" for a physician to speak of pseudo angina is an advertisement of ignorance.

There is nothing false, spurious or counterfeit about it. It's the whole thing or nothing. Pain around the heart is not angina; pain within the heart itself is, and the two are no more alike than distress and comfort. One is a pain, the other an indescribable agony. In rheumatic, neuralgic and gouty pains invading the cardiac area, there is a gradual, or, at least, noticeable, approach to the climax. Angina commences with the climax; there is instantly all the agony one

(Continued on page 1748.)

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which I have had with
"Ferroso" my experience
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pass it, especially
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not easily, however
to give in all cases
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can bear and live. The pains I have mentioned may continue for days, and even weeks, whereas an attack of angina lasting an hour, without intervals of subsidence, would result in a funeral.

2. In angina, contrary to the popular opinion, there is no difficulty in taking a full, deep breath. I know this, because I have tried it.

Deep breathing does not increase the distress; in fact, it has a beneficial effect. During my first attacks I verily believed that a full inspiration would be fatal; but once, when I thought I had rather die than endure the agony, I inflated my lungs to the utmost, with the result of diminishing, rather than increasing the agony. Now, when an attack comes on, I want an abundance of pure air, and practice full, deep breathing. In this way, if the patient can be persuaded to try it, the physician can differentiate between angina and those precordial pains, not anginous, for in the latter deep breathing does increase the pain.

3. In angina there is no elevation of temperature, while in nearly all other forms of intense distress there soon is.

This is a point of great diagnostic importance.

4. In angina the pain is never wandering, but confined to the heart, left arm and occasionally left limb.

5. My personal experience and professional observation teaches the curious fact that an attack of angina is quite frequently—usually—preceded by sharp pain remote from the heart, which ceases when the angina commences. I imagine our gifted Editor and the learned brethren will smile over this, but none the less I have learned to dread exceedingly a sudden acute pain in my right ankle, injured in the army; in each of my attacks, since I determined to make careful notes, the angina has been preceded, from one to six hours, by the pain mentioned.

Two recent cases bear directly upon this point.

An old friend of mine died two months ago in an attack of angina, to which he had been subject for several years. On the morning of his death, while sitting in his chair, and in his usual health, he sud-

(Continued on page 1750.)

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denly cried out that he had intense pain in both arms above elbow; hot fomentations and rubbing soon relieved the pain, but shortly after an agonized look overspread his face, he placed his hand over his heart and in an instant was dead.

The other case was very similar.

6. Angina is not a disease of the senile heart only; though in a majority of cases it does not occur until after the age of forty, no age is exempt. My first attack was in my twenty-second year, and unquestioned cases have occurred in childhood.

7. Attacks of angina are not dependent upon organic disease of the heart, and, strange to say, the less disease of the organ discoverable, the more likely an attack of angina is to prove fatal. I have a theory why this is so, but I am not discussing theories.

Paradoxical as it may sound, I believe I should have died of angina years ago had my heart been sound.

8. An eminent specialist recently wrote of angina as a symptom. Symptom of what? Not of the senile heart always, for, as I have said, and as the best authorities declare, no age is exempt from angina.

And it is equally true that in many deaths from this dread foe, *post mortem* researches have failed to reveal any organic lesion or structural change. Hence, I am forced to conclude that angina pectoris is not a symptom, but a disease, mysterious and little understood, but a disease all the same, and of *nerve origin*.

9. Angina is, in our present knowledge, incurable.

That it is not always the rapidly fatal disorder, as per some writers, is evident

from my own case, and others, long under intelligent observation.

Now a few suggestions as to treatment. This must be largely along preventive lines.

The diet should be carefully regulated; little meat eaten; indigestion and constipation carefully avoided.

I do not believe in the "dry diet" idea, but no ice-water should be drank, and only a very moderate amount of tea and coffee used; the immoderate use of tobacco is a loud bid for an attack, and so, also, is sexual excess; excitement, overwork, either physically or mentally, invites the foe, as do worry, anger and exposure to sudden changes of temperature.

Body and mind must be kept clean and wholesome.

In drug treatment much heart stimulation should be carefully avoided, for over-stimulation will produce the trouble; this I know, also, from personal experience. A moderate amount of strychnia or Celerina, to tone up the nervous system, is excellent. At times small, broken doses of calomel cannot be too highly commended. In this, and nearly all forms of heart disease, digitalis is lauded as the most reliable drug. I not only question this; I utterly disbelieve it. Digitalis is unquestionably a valuable remedy, when given in small doses, and long-continued, and especially if combined with potassium iodide.

For the past two months I have been carefully experimenting with adonidin, and believe it vastly superior to digitalis or strophanthus. It is nearly as rapid in

(Continued on page 1752.)

CASEOUS DYSPEPSIA

If your patient suffers from eructations of gas from the stomach, flatulency, heartburn, or colic, give him a fluid drachm of SENG, repeated every half hour until relieved; THEN give one or more fluid drachms before each meal until THE CAUSE is removed.

IN these days of corsets, tight lacing, and paying no attention to the laws of hygiene in dress or food, is it to be wondered at that not one woman in a hundred is perfectly healthy in her menstrual functions? She either has dysmenorrhea, amenorrhea, menorrhagia, or some other irregularity. It is a fact to which every physician will testify, that in every family in which he practices, it is very rare to find a female whose menstruations are normal. He therefore casts around for some preparation that will overcome, or at least ameliorate, this condition.

Now, doctor, do you not think that when the consensus of the opinion of the medical profession all over the world for many years has been that ALETRIS CORDIAL is indicated in these conditions, as it restores normal action to the entire uterine system, that if you have not already done so, you should at least give it a trial. We will be glad to send you a sample bottle free if you will pay the express charges. We will also send you literature containing the experience of the medical profession in regard to any particular case you may have.

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its effects as nitroglycerin, and an admirable diuretic.

In conclusion: In case I have an attack of angina my wife has orders to proceed as follows:

Break a two-min. nitrite of amyl pearl in a handkerchief, and let me breathe the fumes every other gasp; pour a spoonful of whisky down my throat; get my feet into a hot bath and then wait and see what God wills.

[Written for the MEDICAL BRIEF.]

Antidote to Cocaine.

BY J. G. GUNDLACH, M. D.,
Spokane, Wash.

I have read the article on page 1536, by H. B., M. D., as to cocaine antidotes, and your reply to same.

As I happen to be the author of the article to which you refer, and as it might be the means of saving life in the hands of your many readers, I send you an article I wrote for the *Homeopathic Physi-*

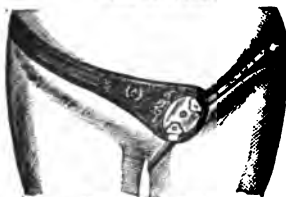
cian last December, and copied in one of the Spokane papers. I did not give a clear statement of the quantity of gelsemium to be used, but now wish to say that it was the one-thousandth potency. I have since found that the tincture, a few drops in glass of water, will also do the work, but not so well as the high potency.

"I was called to attend a young woman who was suffering from the effects of cocaine, administered by her dentist, with the following symptoms: Shortly after giving a small injection of a ten per cent solution of cocaine into her gum, the doctor noticed that she at once passed off into a stupor, from which he could not arouse her, accompanied with some difficulty in breathing, and somewhat feeble heart action. The doctor gave some spirits of ammonia and fanned her, but she kept getting worse. At this time I was called in to assist him. Now spasmodic symptoms began to manifest themselves in the hands and arms, which began to tremble, and

(Continued on page 1754.)

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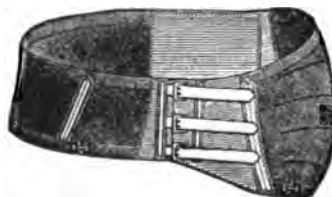
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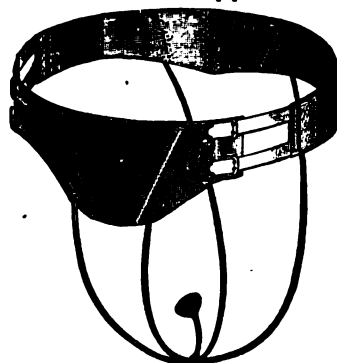
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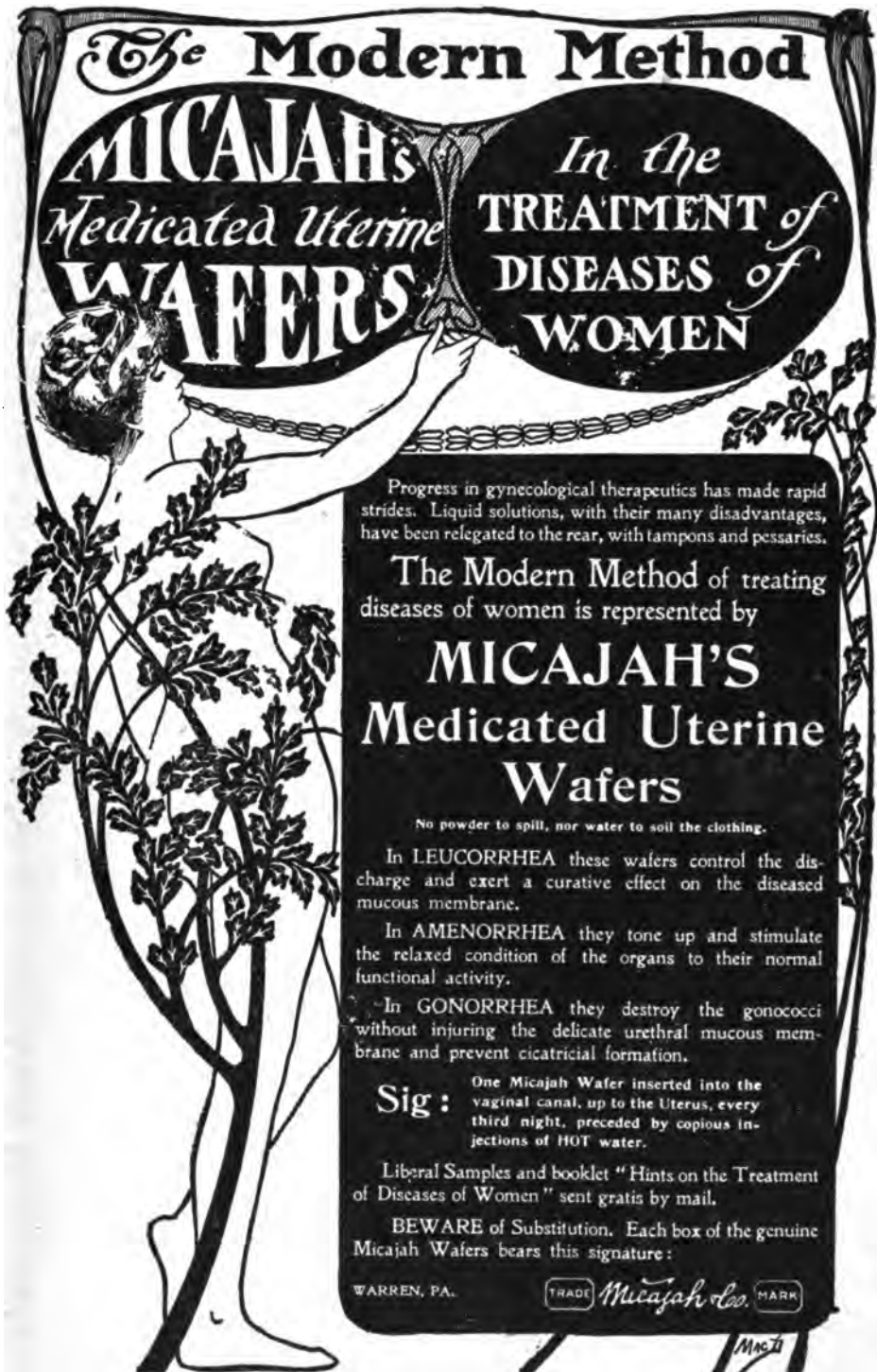
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soon to jerk. The breathing became more difficult and the spasm would reach the larynx, when it (the breathing) would stop, and she would make great effort to get her breath, throwing her head back and grasping at her neck with her hands her mouth wide open. The spasm, which lasted so long that we feared she would suffocate, would pass off with several loud, crowing inspirations, which would end the attack, stupor, with inability to swallow, remaining during the interval. After a minute or two the above conditions would be repeated. I first gave whisky, but watching her symptoms, those of gelsemium—stupor, inability to swallow and spasm of the larynx—came to my mind, which I gave her and stopped all other treatment. It soon began to do its work. Only one or two hard spells, after giving her gelsemium, when they became lighter and farther apart, consciousness returned, and with it the power to swallow and to speak. After about an hour's work we sent her home. With the assistance of a friend she walked down two flights of stairs to a carriage.

"I have seen several other cases under the effects of cocaine, but none manifested the stupor, inability to speak and swallow, with spasms of the larynx, all symptoms of gelsemium. I believe I have discovered the much-needed antidote to cocaine. So much for '*similia similibus curantur*.'"

Gun Shot Wounds of Abdomen.

In pistol shot wounds of the abdomen, prostration from emotion and fear may be very great. Pain may be considerable or practically absent. If the patient remains intelligent, the skin is warm, and the abdomen soft, he must be watched, but there is no indication for operation. —*Internat. Jour. Surgery.*

Evolution of Germ Theory.

Some day, we feel assured, men will see that that which they now regard as the germ of a disease is only a product, a change in the tissue, caused by the disease, and that when contagious the contagion does not lie in the bacilli, but in something far more subtle, that causes the bacilli. —*Homeopathic Envoy.*



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The patient is put in a quiet room in a hospital under the care of first-class nurses; his mouth is carefully examined by a competent dentist, and, by the way, I usually find that some incompetent dentist has drawn about all the teeth the patient had, before coming to me, sound and unsound alike; the urine is carefully examined and the quantity measured; the abdominal and pelvic organs are examined with assiduous care; the heart, and, in fact, the whole circulatory apparatus as well as the blood are studied, and, to use a commercial phrase, stock is taken" of all the organs and functions of the body. The first morning the patient receives the initial dose of castor oil, which is one ounce if the patient is not taking opiates, and two ounces if he has become an habitue or is temporarily using them. A solution of nitrate of strychnin is prepared, one minim of which should repre-

sent 1-200 grain. Of this solution he receives 20 m. four times a day as the initial dose, with orders that each dose should be increased one drop every twenty-four hours, being an actual increase of 4-200 grains each twenty-four hours. The patient is allowed a full nutritious diet, kept in bed and given massage and Swedish movements. The oil is given daily, and the strychnin pushed until its constitutional effects are obtained.

Now a few words with regard to the symptoms of strychnin poisoning for which the physician should carefully watch the patient. I have been compelled on several occasions to administer stimulating diuretics for the purpose of increasing a very diminished urinary flow when the drug had been carried to a large dose.

The nurse should be cautioned and everyone about the patient should be cau-

Continued on page 1758.)

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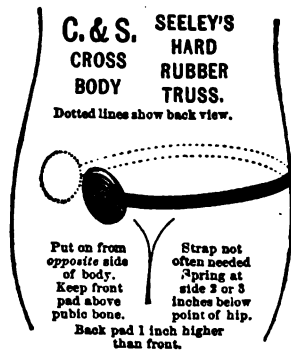
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tioned against apprising him of the nature of the remedy he is receiving. I recall one patient, who, while under strychnin treatment, got up a fair sample of strychnin convulsion. Satisfied that the convulsion was hysteric I stopped the strychnin immediately and later began the administration of distilled water, which resulted, as I certainly expected, in the elicitation of another very similar convulsion, thereby proving to me that the first was hysteric and that it is unsafe to allow the patient to know what remedy is being administered. The deep reflexes should be watched, the action of the jaw muscles tested, and conditions of the neck and spinal muscles carefully observed.—*Cleveland Jour. Medicine.*

Mucous Disease.

Mucous disease is characterized by an irregularly occurring profuse discharge of mucus from the intestinal tract, accompanied by more or less marked nutritional disorder. The etiology is referred to an inherited tendency, either the lithemic or neurotic diathesis. It sometimes follows pertussis, but more commonly severe diarrheal diseases. There is an increased tendency to the formation of mucus in this disease, and at intervals a discharge of large masses of this substance. The child will present symptoms of malnutrition. The skin is dry and scurfy. There is frequently nausea and vomiting, the appetite is irregular. Tympanitis is present. The sleep is restless and disturbed, there is a change in the disposition of the child, loss of memory irritability, etc. The urine is scanty and high-colored, containing an ex-

cess of urates. A few days before the attack the bowels are constipated, the breath is offensive and nervous symptoms are marked. There may be dull pain in the region of the umbilicus and evidences of prostration, but there is no fever. Tuberculosis is the only condition with which mucous disease is likely to be confused, and this can be excluded by the absence of fever. Treatment should be directed toward the lithemic condition and lessening the excessive mucous secretion. Food and hygiene should receive attention. For the relief of the mucous accumulations the bitter tonics are indicated. Nux vomica is the best of these. A combination of pepsin, bismuth and strychnia is useful, as the stomach shares in the run-down condition of the rest of the body. During the period of constipation, sodium phosphate combined with sodium sulphate acts not only as a cholagogue, but tends to liquefy the mucus. A combination of hydrastis and sanguinaria acts not only as a bitter tonic, but has a direct stimulating effect on the intestinal glands. Arsenite of copper has an antiseptic and stimulating action, and is sometimes used with advantage.—BARBOUR, *Amer. Pract. and News.*

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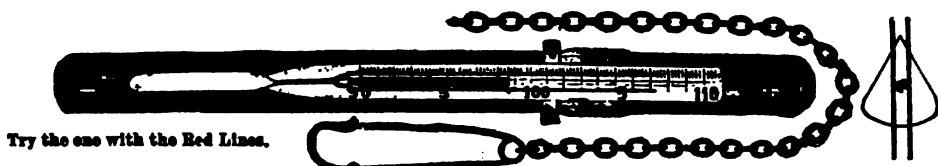
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